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# Some Observations on the Health Program in Clinton High School with Particular Emphasis on the Needs of the Students

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*University of Tennessee - Knoxville*

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To the Graduate Council:

I am submitting herewith a thesis written by Eloise Harris Wynne entitled "Some Observations on the Health Program in Clinton High School with Particular Emphasis on the Needs of the Students." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Health and Human Sciences.

H. H. Walker, Major Professor

We have read this thesis and recommend its acceptance:

A. M. Johnston, Orin B. Graff

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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64  
August 12, 1952

To the Graduate Council:

I am submitting to you a thesis written by Eloise Harris Wynne entitled "Some Observations on the Health Program in Clinton High School with Particular Emphasis on the Needs of the Students." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Public Health Education.

*S. H. Walker*  
Major Professor

We have read this thesis  
and recommend its acceptance:

*Wm. Johnston*  
*Gen. B. Groff*

Accepted for the Council:

*E. H. Watson*  
Dean of the Graduate School

SOME OBSERVATIONS ON THE HEALTH PROGRAM IN CLINTON HIGH  
SCHOOL WITH PARTICULAR EMPHASIS ON THE NEEDS OF THE STUDENTS

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A THESIS

Submitted to  
The Graduate Council  
of  
The University of Tennessee  
in  
Partial Fulfillment of the Requirements  
for the degree of  
Master of Science

---

by

Eloise Harris Wynne

August 1952



#### ACKNOWLEDGMENT

The writer wishes to express appreciation to the Clinton health students and D. J. Brittain, Jr., Principal of Clinton High School; to Mrs. Lucille Hill, Supervising Teacher, Anderson County; to Dr. Olga Furth, Director, and the Staff of the Anderson County Health Department; and to the personnel of governmental and civic organizations who participated in the health program in Clinton High School.

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E. H. W.

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## CHAPTER I

### THE PROBLEM

Education progressed from the study of the classics by a few, to the learning of the three R's by many, and more lately has expanded to include not only intellectual development but also other phases of man's personality. From this viewpoint:

Education . . . has recognized that individuals are whole personalities. . . . Schools and community agencies, therefore, should be concerned not only with the individuals' intellectual development and needs but also with his social, emotional, physical, aesthetic, and ethical development and needs.

Health is of primary importance in the development of the individual in our society, and is recognized as one of the basic objectives of all education.<sup>1</sup>

Health of all ages of mankind, infancy, childhood, and maturity has become of national, state, and local education interest.

For approximately 20 years, there has been interest in the State of Tennessee in the coordination of health and education agencies in community-wide health education activities. The purpose was:

For effectuating health knowledge and health practices in the various communities to the end that the vital resources of the whole people be most highly developed and effectively conserved.<sup>2</sup>

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<sup>1</sup> The National Conference on Undergraduate Professional Preparation in Health Education, Physical Education, and Recreation (Chicago: The Athletic Institute, 1948), pp. 1-2.

<sup>2</sup> H. H. Walker, "A State-Wide Program in Health Education," The Southern Medical Journal, Vol. 32, No. 2, February 1939, pp. 219-225.

In 1948 A Program of Health Education for Tennessee Schools was published jointly by the State Department of Education and the State Department of Public Health.<sup>3</sup> This joint project of the Tennessee Department of Education, Tennessee Department of Public Health, University of Tennessee, and Tennessee State Colleges presents some answers to the plea of the citizens of Tennessee for a coordinated health program in the public schools.

Locally, in 1948 the writer was elected as health teacher and assigned the job of setting up a health education program in Clinton High School. Increased enrollment and curriculum readjustments necessitated the change from health instruction by the physical education teachers to operating separate classes under a full-time health teacher.

Other evidences that health education not only needed change of schedule, but considerable building and organization to meet students' needs were:

First, to some students health education was regarded merely as a course to be taken because it was covered by a state requirement, and their sole interest in taking it was to obtain one high school credit.

Second, some students showed evidence of very little previous health instruction.

Third, there were appreciable differences in the degree of interest among the students shown in personal hygiene and grooming.

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<sup>3</sup> Tennessee Department of Education and Tennessee Department of Public Health, A Program of Health Education for Tennessee Schools (Nashville, Tennessee: Tennessee Department of Education, 1948), p. 7.

Fourth, the Anderson County supervisor of instruction was interested in developing a continuous plan of health education in the elementary and high schools without overlapping and duplication of instruction.

Fifth, various parents and organizations indicated interest in an expanded and enriched health education program.

Sixth, the reorganization of the Anderson County Health Department, with new leadership and personnel, had made available to Clinton High School increased health services and resources.

Recognizing these above conditions and opportunities the writer pledged herself to undertake the development of a health program to fit the needs of the students and community. After blundering through many attempts to make health education "come of age" in Clinton High School, it seemed of importance to the writer to make a check, to see to what extent the following definition had been accepted and used:

Health Education, as a major phase of education, is the sum of the experiences in daily living which best develop the well-being of the individual in home, community, and school.<sup>4</sup>

Challenged by the statement, "The goal of the health education program for the school child is to help him so to live, grow, and develop that he is always at his best attainable level of health and fitness,"<sup>5</sup> and by the realization that the health education program in Clinton High School was not reaching this goal for every student, the writer determined to study the program from a critical and appraising viewpoint.

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<sup>4</sup> The Michigan Joint Committee on Health Education (Ann Arbor, Michigan), "The Problem Solving Approach in Health Teaching," School Health Bulletin No. 2, January 1938, p. 7.

<sup>5</sup> Tennessee Department of Education and Tennessee Department of Public Health, loc. cit.



What were the health needs of the students? What in their backgrounds had allowed these needs to remain unsatisfied? Did the students understand the aims, objectives, and purposes of health education to the extent that they had voluntarily accepted health services available to them? Were these students learning to be, by practicing being, responsible, healthy citizens?

The most practical approach to appraisal of the health education program seemed to be through a study of the students as they came to Clinton High School from the elementary schools and a study of these same students after a year's work in health. What these students had done for themselves, as shown by data tabulated from the latter study, was to be considered as indicative of the degree to which the health education program in Clinton High School had recognized and met the needs of the students.

"Not to do things to and for people but to teach them to do things for themselves was a task which needed emphasis."<sup>6</sup>

#### Need for the Appraisal

The reasons for attempting such an appraisal were:

(1) that the results of the appraisal, the information assembled and the skills developed, might contribute to the organization of a more effective health education program in Clinton High School next year; and

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<sup>6</sup> Dorothy B. Nyswander, Solving School Health Problems (New York: The Commonwealth Fund, 1942), p. 2.

(2) that the recording of the results might help others, in a similar situation, (to a small degree), by showing areas of progress and weakness in this appraisal.

#### Significance of the Appraisal

Significance of the appraisal would be reflected by, among other factors: (1) any increased health status of the students of Clinton High School in future years, (2) any progress in development of an integrated health education program, 1-12 grades, in Anderson County, (3) greater community participation, and (4) increased use of available health resources in Anderson County by the students of Clinton High School.

#### Limitations of the Appraisal

The appraisal was limited in the following ways:

(1) It dealt only with the students attending the five health classes of Clinton High School for the one year 1951-52.

(2) It used the schools attended during the eighth grade as representing the home communities of the students.

(3) The appraisal was developed to fit local conditions and limitations.

(a) Few medical records for students entering high school were available from the feeder schools.

(b) The high school records started with the high school medical examination administered in the freshman year.

(c) No medical re-examination at the end of the teaching year under scrutiny was possible, due to lack of personnel. Therefore, other means of carrying out the terminal appraisal had to be found.

#### Methods of Procedure and Sources of Data

The procedure decided upon consisted of a comparison of the health status and needs of the health students entering the five health classes in Clinton High School in September, 1951, with a determination of the health knowledge, status, attitudes, and practices of these same students in May, 1952.

The health status and needs of the students at the beginning of the year were found by analyzing: (1) an individual health history, written by each student, (2) the school medical examinations made in April, 1951, and on file in the school office, and (3) information from conferences with the principals and teachers of the feeder schools and the elementary supervisor, and (4) findings from teacher observations of each student.

It was the belief of the writer that data compiled from the above instruments would more truly establish an understanding of the student's health status and his needs than would anything which he might say about himself in answering a questionnaire.

For the terminal appraisal made in May, 1952, it was necessary and seemed desirable to find other means of measurement. Lack of

personnel and time at the local health department made repeat medical examinations impossible and therefore resort to other means necessary, and the desire of the writer to measure not only physical improvements accomplished but also mental and emotional progress made the use of other means of appraisal desirable. Data were compiled from the individual cumulative health records, certain teacher-devised questionnaires, and a health inventory of the health knowledge, status, attitudes, and practices of high school students developed by Miss Callie Jo Waggoner<sup>7</sup> and modified by Mrs. Marilee Cavender.<sup>8</sup>

This inventory was devised as a quiz testing how well high school students measured up to the health objectives listed as being "obligatory for graduation" in A Program of Health Education for Tennessee Schools.<sup>9</sup>

The view might well be faced and accepted that the school has failed in its first cardinal responsibility unless the candidate for graduation from the 12th grade:<sup>10</sup>

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<sup>7</sup> Callie Jo Waggoner, "How Well Do Our High Schools Prospective Graduates 1947 Measure Up In Health Status, Attitudes, Knowledge, and Interests" (Unpublished Master's Problem, Department of Public Health Education, The University of Tennessee, Knoxville, Tennessee, 1947).

<sup>8</sup> Marilee B. Cavender, "How Well Do Our High School Students Measure Up?" (Paris, Tennessee: Henry County Schools, 1950). (Mimeographed)

<sup>9</sup> Tennessee Department of Education and Tennessee Department of Public Health, op. cit., p. 8.

<sup>10</sup> Arthur Steinhaus, "The Role of Health Education in Tomorrow's Fitness," Education for Victory, Vol. XI, No. 5, September 4, 1944, quoted in Tennessee Department of Education and Tennessee Department of Public Health, loc. cit.

1. Is free from curable diseases and remediable defects;
2. Has gained for himself all the immunities for which preventive vaccines exist and which are recommended as sound public health practices for his locality;
3. Appreciates and wills to secure regularly the benefits of thorough periodic physical examinations, X-rays, blood tests, blood pressure check-ups, ear and eye examinations, and the like; knows his own status relative to these; and understands the findings in his own case;
4. Can detect in himself and others the early stages of oncoming illnesses, knows what kind of professional care to seek, knows where and how to get it, and has an urge to do so without procrastinating delays;
5. Appreciates and enjoys a wide enough range of wholesome foods to cover automatically all requirements for body-building, restoration, and operation; knows when and how to eat; can control or modify his own body weight without missing essential dietary elements; and can regularly maintain satisfactory elimination without resort to medication.
6. Has sufficient strength, endurance, dexterity, coordination, and postural correctness to meet without excess fatigue all of the normal daily demands on his body;
7. Is free from habit addiction to use of chemical stimulants and sedatives;
8. Possesses hobbies and recreational habits appropriate to his emotional stability and refreshment of his outlook on life;
9. Is reasonably free from emotional instability and nervous irritability, and acts toward others in ways conducive to good social adjustments and acceptances; also has adequate and appropriate sleep habits;
10. Shows evidence of having a wholesome and satisfying general philosophy of life; and
11. Is prepared in knowledge and attitudes for meeting problems of courtship, mate selection, marriage, reproduction, and child-rearing; and is ready to understand and accept changes which aging will bring to his body and mind.

The particular quiz used by the writer in Clinton High School was an adaptation of the one used in Henry County by Mrs. Cavender.<sup>11</sup>

In administering this quiz, Mrs. Cavender expanded the number of health objectives to 14 in order to effect more complete coverage by the students.

Comparison of the findings from the initial and terminal appraisals of the students in this study was depended upon to indicate the areas of successful accomplishment and those which have failed.

Means of improving the program of health education in Clinton High School, in view of this comparison of findings from the initial and terminal appraisals, have been recommended for next year.

#### Organization of the Study by Chapters

This thesis includes seven chapters. Each chapter deals with material described as follows:

Chapter II describes the school community of Clinton, the student body of Clinton High School, and the faculty personnel. Included also is a description of the health education program.

Chapter III describes the communities represented by the feeder schools of Clinton High School and the schools themselves, as to enrollment, number finishing eighth grade, and relative number attending Clinton High School, mental ability, age distribution, and withdrawals.

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<sup>11</sup> Cavendar, op. cit., pp. 1-15.

Chapter IV describes the community health and medical facilities available to students. These include the Anderson County Health Department, the Welfare Department, the Department of Education, the voluntary agencies, the private professional services, and pertinent vital statistics.

Chapter V describes a detailed study of the health status of the 1951-52 health students at the beginning of the year. Data for this were derived from the health records of the feeder schools, conferences with the supervising teacher, elementary principals, and teachers. Included also are data from the physical examinations made by private physicians or the director of the public health department during the latter part of the freshman year in high school; health histories as written by students during the early fall of the sophomore year; and personal conferences between the individual students and the health teacher. An evaluation of the basic needs of the individuals and of the groups from each feeder school, as made from these data, is described with suggestions for areas of intensive emphasis in the health education program for the year.

Chapter VI describes the processes of evaluating the health status, attitudes, knowledge, interests, and habits developed during the year. Included also is a check on use of available health services. Data were derived from the individual cumulative records, various knowledge tests, and a health inventory previously described.

Chapter VII consists of a summary and conclusions reached by the writer. Recommendations are made as to ways of improving the health education program in Clinton High School.

## CHAPTER II

### DESCRIPTION OF THE COMMUNITY AND SCHOOL

A description of the community and its people and the school with its faculty and student body will give a better understanding of the health education needs implied in Chapter I.

#### The Community

Clinton, the county seat of Anderson County, Tennessee, is located on the Clinch River, six miles northeast of Oak Ridge, seven miles south-east of Norris Dam, and 18 miles northwest of Knoxville. The 1950 census lists Clinton as having a population of 3,713. These are almost entirely native Americans. Magnet Mills, Inc., employing 875 people in the manufacture of hosiery, is Clinton's only large industry; outside Clinton, agriculture, coal mining, and work at Oak Ridge are the principal occupations.

#### The School

##### Occupational Status of Parents

A survey of the occupational and educational status of the parents of students in Clinton High School in 1950-51 showed some interesting facts regarding the occupational home background of the students.<sup>1</sup> The

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<sup>1</sup> D. J. Brittain, Jr., "Improving the Education Program in Clinton High School and Community Through Cooperative Planning" (Unpublished Master's Thesis, The University of Tennessee, Knoxville, August 1951), p. 11.



percentages of parents in various occupations are recorded in Table I.

The educational status of parents as revealed in the same survey showed that the students already have more formal education than the majority of their parents.<sup>2</sup> These figures are recorded in Table II.

### The School and the Faculty

Clinton High School is a traditional high school operated by Anderson County. The enrollment for 1951-52 was 602, with an average daily attendance of 538, or 95.2 percent. There were 64 withdrawals. The state recognizes 16 classrooms, one small gymnasium, one small auditorium used also as a study hall, and a library. Enlargement of the school is now in progress. The space built for a cafeteria is used for health education classes and as a small auditorium. The cafeteria will be in operation as soon as the new additions are completed. The nearby recreation building temporarily is used by the band and one group of physical education classes.

The staff, composed of one administrator and 21 1/2 teachers, is a mixture of traditional and progressive philosophers working happily together under a democratic set-up. Associated most closely with the health education department are two home economics teachers, two science teachers, and three physical education teachers. The two coaches teach the boys physical education. Cooperation between these faculty members and in fact all members and the health teacher is very satisfactory.

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<sup>2</sup> Ibid., p. 12.

TABLE I  
OCCUPATIONAL STATUS OF PARENTS

Occupations	Percentage
Professional and semi-professional	5.0
Farmers and farm managers	6.1
Proprietors, managers, and officials	2.0
Clerical and kindred work	1.8
Salesmen and saleswomen	2.6
Craftsmen, foremen, and kindred workers	8.6
Operatives and kindred workers	15.6
Laborers	6.6
Homemakers	32.3
Unemployed and unknown	<u>19.3</u>
Total	99.9

TABLE II

## EDUCATIONAL STATUS OF PARENTS

Educational Status	Percentage
Attended but did not complete elementary school	30.5
Completed elementary school	23.6
Attended but did not complete high school	21.9
Graduated from high school	13.9
Attended but did not graduate from post-secondary school	4.8
Completed a two-year college	0.2
Graduated from four-year college or equivalent course	4.6
Engaged in graduate study	<u>0.6</u>
Total	100.1

### The Student Body

The ages of the students enrolled in Clinton High School this last year varied from 12 years to 35 years. The median age for the ninth-grade students was 14 years; tenth-grade median was 15 years; eleventh-grade median was 16 years; and the twelfth-grade median was 17 years. This age distribution was about normal with a first-grade age of six years.

Mental ability scores for the three upper grades showed the median I. Q. range to be between 92 and 108.

A survey of the senior class of 1951 showed that 35 percent desired to attend college; 28 percent planned to attend some other type of school; and 39 percent desired to stop their education at the high school level.

Table III shows the classes offered. The college preparatory course contained 19 subjects in seven fields and the vocational training course, nine subjects in five fields. These change from year to year to meet student and faculty desires as much as space and personnel will permit.

### The Health Education Department

Clinton High School, after giving health instruction on alternate days with the physical activity program through the four grades, changed over in the fall of 1948 to offering the health instruction in the form of a health class meeting daily for one year, to be taken in either the sophomore or junior year. One teacher was put in charge of the health

TABLE III

## CLASSES OFFERED IN 1951-52

Field	Subject	Units That Can Be Earned
College Preparatory		24
English	English	4
Health	Health	1
	Physical Education	1
Journalism	Journalism	1
Languages	Latin	2
	German	2
Mathematics	Arithmetic	1
	Algebra	2
	Plane Geometry	1
Science	Biology	1
	General Science	1
	Chemistry	1
Social Studies	Bible	1
	Democracy	1/2
	Civics	1
	Economics	1/2
	Geography	1
	U. S. History	1
	World History	1
Vocational Training		18
Agriculture	Agriculture	4
Art	Art	1
Commercial	Bookkeeping	1
	General Business	1
	Shorthand	1
	Typewriting	2

TABLE III

## CLASSES OFFERED IN 1951-52 (continued)

Field	Subject	Units That Can Be Earned
Home Economics	Home Economics	4
Music	Band	2
	Chorus	2
Total		42

education program for the school. Physical examinations are required in the freshman year, to be made by the family physician or the public health director. A large and rather complete first aid cabinet is used by the health teacher for emergencies and minor injuries. Smaller first aid kits are kept in the chemistry laboratory, the home economics rooms, and the principal's office. The close proximity and excellent cooperation of the Anderson County Public Health Department and location nearby of the offices of private physicians have made the employment of a school nurse unnecessary at the present time.

In actual health teaching, the content followed conventional forms, with especial emphasis on areas of student needs and interests (e.g., first aid and safety). A definite attempt was made to recognize the health needs of the individual student and, as nearly as possible, interest him in meeting that need himself. Where family or community assistance seemed necessary or desirable, it was obtained, if possible. However, in the opinion of the writer, health is the personal responsibility of high school students.

The student himself, his family, his home, his school, the town of Clinton, and Anderson County were the areas used for studying. Textbooks (several different ones) were kept available for reference. Health charts, models, films, and pamphlets, along with limited facilities in the school and Anderson County libraries, were used.

The students and the teacher organized each week's work, and each class was slightly different from the others. Great interest was shown in learning about the community through use of community resources. As

an example of how programs were developed, the teaching of dental hygiene (noted elsewhere in this thesis as one of the most acute needs) was developed by use of aids mentioned above, by use of pamphlets and commercial aids, and by having a talk and quiz session with one of the local dentists, who was invited in by the class. In the practice and application of dental hygiene, there were in addition to the initial school medical examinations, frequent teacher observations. A dental honor roll consisting of the names of those students who submitted signed certificates from recognized dentists stating that all necessary dental corrections had been made, was kept on the bulletin board. The students so listed received an "A" grade to be averaged into their daily grades. In cases where investigation showed the family unable to finance the cost of dental corrections, aid was requested from the state funds allocated for that purpose and held in the office of the Anderson County Department of Education or from the yearly donation to Clinton High School for this program by the Clinton Business and Professional Women's Club. The local dentists gave their services and charged only actual expense of materials in these cases.

Other areas, developed in the same manner, included: good posture and grooming, with beauticians being invited in for talks, quizzes, and demonstrations of manicuring; first aid with demonstrations by the Anderson County American Red Cross chairman of first aid (and assistant fire chief at Oak Ridge); safety education, using among other references, State of Tennessee Driver's Manual and, as community resource, one of the



Tennessee Highway Patrolmen. One of the visible results of this particular program was the sponsoring of a course in driver's instruction by the Lions Club. This course has been included in the Clinton High School curriculum for the year 1952-53.

The Anderson County Public Health Department cooperated with reference materials, services, and resource personnel.

### Summary

Clinton is a rural community located in Anderson County, Tennessee. Most of its citizens work in Magnet Mills, local business establishments, or are employed at Oak Ridge.

The majority of the parents of the students in Clinton High School are occupied in non-professional areas. Less than 15 percent are high school graduates.

The student body shows a high percentage of daily attendance. The plant is inadequate, but this is being corrected.

The faculty is cooperative.

There has been a conscious attempt to make the health education teaching program conform to the needs of the students by emphasizing interest areas and using local health resources wherever possible.

## CHAPTER III

### THE FEEDER SCHOOLS OF CLINTON HIGH SCHOOL

Clinton High School draws the major part of its enrollment from seven elementary schools operated by Anderson County and one operated by the city of Clinton. In the group under consideration, there were 14 students from ten elementary schools other than those mentioned above. These 14 students have been grouped under the title, "miscellaneous." Of the total enrollment (602) in the year 1951-52, 350 students (58 percent) rode nine county-owned buses. Comparing this figure with the State of Tennessee as a whole (45 percent of students in the county-operated schools ride buses<sup>1</sup>), it appears that Clinton High School has a high percentage of out-of-town students.

Table IV lists the feeder schools along with pertinent information regarding each school. The average daily attendance was noted to be highest in Clinton Grammar School, Marlow, and South Clinton. These communities are more densely populated around the schools. The Marlow School plant is critically inadequate, but construction of an addition has been started.

The feeder schools range from four to 16 rooms, with an average of 8.7 rooms. They represent a large degree of consolidation. The number of teachers ranges from three to 20 1/2, with an average of 9.1 teachers.

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<sup>1</sup> Tennessee Department of Education, "Annual Statistical Report for the Scholastic Year Ending June 30, 1948" (Nashville, Tennessee: Tennessee Department of Education), p. 206.

TABLE IV

FEEDER SCHOOLS REPRESENTED IN THE 1950-51 FRESHMAN CLASS, CLINTON HIGH SCHOOL

Elementary Schools	Type Com- munity	No. Class Rooms	No. Tea- chers	Total Enroll- ment	A. D. A.		No. Fin- ishing 8th Grade		Total No. Finish. 8th Gr.	Per Cent Total Enroll- ment	No. En- rolling C. H. S.	
					No.	Per Cent	Boys	Girls			Boys	Girls
Blowing Spr.	Rural	5	5	201	160	90	12	9	21	10.0	12	8
Claxton	Rural	13	13	466	402	94	16	11	27	5.9	16	11
Clinton	Urban	16	20½	680	575	95	21	43	64	9.4	21	43
Marlow	Rural	4	6	218	187	95	8	3	11	5.0	5	3
Mt. View	Rural	4	3	106	94	92	7	8	15	14.1	5	5
S. Clinton	Village	15	14	521	420	95	10	11	21	4.0	10	11
Sulphur Spr.	Rural	4	3	127	104	90	4	4	8	6.2	3	4
Shinliver	Rural	9	8	324	259	91	13	7	20	6.1	10	6
Miscellaneous											11	3
Totals		70	72½	2643	2201	93	91	96	187	7.7	93	94

The median age of the 1950-51 freshmen was 14 years.

Disregarding the 14 students listed under "miscellaneous" comparison was made between the drop-outs in Anderson County and the State of Tennessee<sup>2</sup> of the total number finishing the eighth grade (1950) and those entering Clinton High School (1950). Comparison was also made between the number of freshmen 1950-51 and sophomores 1951-52.

	<u>Boys</u>	<u>Girls</u>	<u>Number</u>	<u>Percent</u>	<u>Percent Loss, State of Tenn.</u>
Number finishing 8th grade 1949-50	91	96			
Number entering Clinton High School 1950-51	82	91			
Drop-outs	9	5	14	6.4	18
Freshmen 1950-51	93	94			
Sophomores 1951-52	79	86			
Drop-outs	14	8	22	11.7	23

It became apparent that the percentage drop-outs was lower in Clinton High School than in the state as a whole.

The loss of students from those finishing the eighth grade and those entering Clinton High School was explained by the principals of respective elementary schools as follows:

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<sup>2</sup> Ibid., p. 198.

	<u>Boys</u>	<u>Girls</u>
Entered U. S. service	3	0
No interest	4	1
Transfer to other schools	0	0
Married	<u>0</u>	<u>2</u>
Total	9	5

The loss of students between the freshman and sophomore years was for the same reasons and in approximately the same proportions.

#### Summary

The number of students riding school buses to and from Clinton High School was 13 percent greater than that for the county-operated high schools throughout the entire State of Tennessee.

Table IV showed that the enrollment of Clinton High School was largely derived from eight elementary schools, mostly rural (six); whose number of classrooms ranged from four to 16; the number of teachers from three to 20 1/2; total enrollment from 106 to 680 students, about evenly divided between boys and girls. The percentage of drop-outs between the eighth and ninth grades was approximately one third that of the state as a whole; and that between the ninth and tenth grades about one half that of the State of Tennessee.

## CHAPTER IV

### HEALTH AND MEDICAL SERVICES AVAILABLE TO STUDENTS OF CLINTON HIGH SCHOOL

In order that students of Clinton High School should be informed regarding health and medical services available to them in Anderson County, the following information was assembled and presented to each class. The objective was that each student and his family might enjoy the best health possible.

Some of the services herein described were available to anyone regardless of ability to pay, but others were limited to those who, as certified by a Welfare Department investigation, were unable to pay for the services of a physician, hospitalization, or dental care.

#### Governmental Agencies Related to Health Work

##### Anderson County Health Department

The purpose of the health department is to promote the health of each individual in the community. Its services are available to everyone, free of cost, and are: (1) vital statistics, (2) control and prevention of communicable diseases, (3) public health nursing and health education, (4) sanitation, (5) laboratory examinations, and (6) maternal and child health services.

##### Anderson County Department of Public Welfare

The welfare office acts as an investigating agency, checking

financial and economic status of all referrals for the health department, the department of education, selective service, or any of the voluntary organizations interested in health. Investigations are also made on independent and departmental adoptions; juvenile cases coming before the Judge of the Juvenile Court for admittance to the State industrial schools, reform schools, or house for the feeble minded. Glasses are obtained for needy school children and adults through the State Sight Conservation Department, upon recommendation of the Welfare Department.

#### The Anderson County Department of Education

The Anderson County Department of Education serves as a clearing house between the various agencies and the teachers and students of the schools of Anderson County.

#### Anderson County Veterans' Services

The Anderson County Service Officer assists veterans of all wars in obtaining hospitalization and/or home care in emergencies or for service-connected disabilities.

#### Anderson County-County Agent and Home Demonstration Agent

The Anderson County Agent and Home Demonstration Agent act as advisory agents in channeling those in need of health services to the proper agencies or organizations. Through their contributions toward improved rural life, both on the farms and in the farm homes, the county agent and home demonstration agent teach or show those individuals whom they contact how to build healthy and happy citizens.

## Voluntary Agencies

The services offered by the voluntary agencies depend upon funds derived from annual drives. As these funds often become exhausted before the end of the current year, therefore the cases receiving service fall, of necessity, to the most needy, as certified by the health and welfare departments.

### The American Red Cross

The American Red Cross, in time of war, is a governmental agency in extending direct relief to veterans and the families of veterans. The Anderson County Chapter serves the veterans and their families in Anderson County.

In case of disaster, the American Red Cross extends direct relief to civilians as well as veterans.

In health education, the Anderson County Chapter of the American Red Cross teaches first aid and safety; life saving and water safety; and home nursing.

### American Cancer Society, Anderson County Chapter

The Anderson County Chapter of the American Cancer Society arranges for needy cancer cases recommended by the private physicians and the public welfare department to be examined at the cancer clinic and hospitalization and/or subsequent services are given as advised by the clinic.

### American Heart Society, Anderson County Chapter

The Anderson County Chapter of the American Heart Society follows



the same procedure for heart cases as that outlined above for cancer cases.

Tennessee Tuberculosis Association, Anderson County Chapter

The Anderson County Chapter of the Tuberculosis Association follows the same procedure for tuberculosis cases as that outlined above for cancer cases.

National Foundation for Infantile Paralysis, Anderson County Chapter

The Anderson County Chapter of the National Foundation for Infantile Paralysis follows the same procedure for poliomyelites cases as that outlined above for cancer cases.

Parent-Teacher Association, Anderson County Chapter

The Anderson County Chapter of the Parent-Teacher Association emphasizes the importance of the summer round-ups for each elementary school. It urges the local unit of the Parent-Teacher Association to assist in its own school and to have health corrections made as advised by the examining physician.

The American Legion, Clinton Post 172

The Clinton Post of the American Legion donates food and medical assistance to children of veterans.

The American Legion Auxiliary, Clinton Unit 172

The Clinton Unit of the American Legion Auxiliary has a special welfare fund which is used as needed in helping children of veterans. This year, school lunches were provided for four children in Claxton elementary school.

The Business and Professional Women's Club

The Business and Professional Women's Club, Clinton Chapter, donated \$50.00 to the Clinton High School for dental corrections of needy students.

The Clinton Lions Club

The Clinton Lions Club has provided tonsillectomies for children recommended through the Anderson County Health Department and the Anderson County Public Welfare Department. For the teaching year 1952-53, this club will sponsor a drivers' training course in Clinton High School.

### Directory of Health Service Agencies

Personnel in charge of the organizations offering health services in Anderson County are listed below. This list is sub-divided into governmental agencies, voluntary organizations, and clubs which have assumed responsibility for certain health services as definite parts of their yearly programs.

Governmental

1. Anderson County Health Department, 108 Broad Street, Director—Olga B. Furth, M. D.
2. Anderson County Department of Public Welfare, 104 Broad Street, Director—Miss Eliza Geier.
3. Anderson County Department of Education, Broad Street, Superintendent of Schools—Frank E. Irwin.
4. Anderson County Veterans Services, County Offices, Service Officer—Carl Miller.

5. Anderson County--County Agent, County Offices, County Agent--F. G. Vickers; Anderson County Home Demonstration Agent--Mrs. Amy Brandon, County Offices.

#### Voluntary Organization

1. American Red Cross, Anderson County Chapter, Executive Secretary--Mrs. Maureen Owen, Old City Hall.
2. American Cancer Society, Anderson County Chapter, Secretary--Judge F. A. Tallent, City Hall.
3. American Heart Society, Anderson County Chapter, Chairman--Dr. J. S. Hall, Office.
4. National Foundation for Infantile Paralysis, Anderson County Chapter, Chairman--A. D. Crenshaw, Magnet Mills, Inc.
5. Parent-Teacher Association, Anderson County Council, President--Mrs. Homer Wallace, South Clinton.
6. Tennessee Tuberculosis Association, Anderson County Chapter, Secretary--Mrs. Grace Scruggs, Bush Canning Company.

#### Clubs Offering Health Services

1. American Legion, Clinton Post 172, Commander--Mr. John A. Offutt, 613 Fowler Street.
2. American Legion Auxiliary, Clinton Unit 172, President--Miss Helene Macres, 112 Howard Street.
3. Business and Professional Women's Club, President--Miss Marie Carden, Anderson County Office Building.
4. Lions Club, President--W. R. Nash, Nash Electric Company.

#### Specific Health Services Available to Students

The sources and the specific professional services available to the students of Clinton High School are listed in Table V. This table shows the problem or need, the services available for this need, those

TABLE V

## HEALTH SERVICES AVAILABLE TO CLINTON HIGH SCHOOL STUDENTS

Problem or Need	Service Available	Who Is Eligible?	Agency or Group Providing Service	Place to Contact
Tonsillectomies, hernia, and mastoid, epilepsy, asthma	Examination and corrections as advised by doctor	Those certified after examination	Tenn. Society for Crippled Children and Adults	Local health department; local welfare office
Heart	Examination and treatment by heart specialist in Knoxville	Any child 12 years of age or under, pay what can	East Tenn. Heart Clinic, Knoxville	Anderson County Health Department
Tuberculosis	1. Chest X-ray 2. X-ray of contacts, cases referred by doctors 3. Hospitalization and treatment 4. Personal articles	1. Anyone 15 years of age or over 2. Contacts and referrals 3. Cases that can be helped	Local health department; local Tuberculosis Association; East Tennessee State Tuberculosis Hospital, Knoxville (Tenn. Dept. of Pub. Health).	Anderson County Tuberculosis Association
Infantile Paralysis	Hospitalization, treatment, appliances, and transfusions	Anyone who really needs help	Local chapter of National Foundation for Infantile Paralysis	Anderson County Health Department

TABLE V

## HEALTH SERVICES AVAILABLE TO CLINTON HIGH SCHOOL STUDENTS (continued)

Problem or Need	Service Available	Who Is Eligible?	Agency or Group Providing Service	Place to Contact
Immunization	Whooping cough, diphtheria, typhoid, and smallpox	Anyone	Local health department	Anderson County Health Department
Venereal disease control	1. Blood test and smears for detection of syphilis and gonorrhea 2. Treatment	Anyone	Local health department	Anderson County Health Department
Communicable disease control	Precautions to stop spread	Anyone	Local health department	Anderson County Health Department
Maternal and infant care	1. Public health nurse on prenatal and infant care 2. Incubators for premature infants	Anyone on doctor's request	Local health department	Anderson County Health Department
Determining the educability ability of handicapped child	Psychological testing	Physically handicapped school-age child	Local department of education	Local board of education
Behavior of problem child or maladjusted individual	Psychological testing	Anyone	Local public welfare department; East Tenn. Mental Hygiene Clinic, Knoxville (Tenn. Dept. of Public Health).	Local public welfare department; local health department

TABLE V

## HEALTH SERVICES AVAILABLE TO CLINTON HIGH SCHOOL STUDENTS (continued)

Problem or Need	Service Available	Who Is Eligible?	Agency or Group Providing Service	Place to Contact
Child welfare	1. Foster home progress 2. Social study of homes of adoption petitioners 3. Provision of food	1. Anyone 2. Anyone 3. Ex-service men's families	1-2. State Department of Public Welfare 3. Veterans' organizations	1-2. Local public welfare department 2. American Legion Clinton Post 172
Food and nutrition	1. Diet planning and nutrition problems 2. Lunches for schools feeding on federal program	1. Anyone 2. Those unable to pay	1. Local health department 2. Schools	1. Local health department 2. School principal
Homebound children	Education through services of teachers of homebound children	Any homebound child of school age	Local board of education	Local board of education
Emergency aid	Disaster relief	Anyone in real need	American Red Cross	Executive secretary, local chapter of American Red Cross

who are eligible to receive this service, the name of the agency or groups providing this service, and the place to go in order to contact this agency or group.

Lists of private physicians, dentists, and registered nurses separated according to their respective communities were made for the information and convenience of the students. Copies of these may be found in the Appendix. With the exception of Scotts' Clinic in Lake City and Stone's Clinic in Oliver Springs, there are no hospitals in Anderson County outside Oak Ridge.

#### Summary

A survey of the health and medical services available to students of Clinton High School was made in order that the students might become aware of their health resources. Reasons for using these services were presented in an effort to develop within the student the desire voluntarily to use all available means of contributing to the good health of himself, his family, and his community.

The close proximity of Knoxville with its hospitals and Oak Ridge with its hospitals makes the absence of such facilities in Anderson County less of a problem than would otherwise be the case.

## CHAPTER V

### HEALTH STATUS OF THE HEALTH CLASS STUDENTS AT THE OPENING OF THE 1951-52 TEACHING YEAR

The schedule of Clinton High School placed health in the sophomore or junior year with preference being given to sophomores. Physical examinations were given to all students transferring to Clinton High School in the tenth, eleventh, or twelfth grades by referral to the Anderson County Public Health Department upon entrance into a health class.

The total enrollment of the five health classes in the fall of 1951 was 181 students. These were divided as follows:

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Sophomores	71	89	160
Juniors	5	3	8
Seniors	4	2	6
Repeaters	<u>6</u>	<u>1</u>	<u>7</u>
Total	86	95	181

It turned out as expected that the large majority of the group was sophomores, who had finished the eighth grade in May, 1950, and whose background in terms of characteristics of the feeder schools from which they entered high school, is shown in Table IV, page 22.

The initial appraisal (described in Chapter I, pages 5-7) for this comparison and study involved determining the health status of the health class students at the opening of the 1951-52 teaching year.

Using the school medical examinations made in April of 1951 (in



the spring of the freshman year for most of the 1951-52 health class members) and on file in the high school office, and the health histories as written by the students, along with immediate teacher examination, the writer attempted to ascertain "where they were" from a health viewpoint.

From the above sources, itemized findings of the most acute physical defects were assembled and tabulated in Table VI. This table does not include repeaters, and it automatically missed some withdrawals.

The large percentage of students in need of dental corrections pointed up the educational need for understanding of dental hygiene and the assumption of voluntary personal responsibility entailed therein as the most extensive health problem of the students in the high school health classes. A close second in frequency was the finding of poor oral hygiene. Third was the need of each student for understanding the importance of and voluntarily accepting the responsibility of being immunized against communicable diseases and tested for the presence of active tuberculosis.

From the 1949 school medical examination on file in the school office, the writer found that two years previously 68 percent of the boys and 52 percent of the girls then in high school needed dental corrections. That examination covered the entire student body. The 1951 data (75 percent of the boys and 76 percent of the girls) presented a substantially higher occurrence of dental caries.

The percentage having poor oral hygiene (65.1 percent) emphasized another educational need.

TABLE VI

AGE OF STUDENTS AND MOST ACUTE PHYSICAL DEFECTS IN HEALTH CLASSES,  
ARRANGED BY FEEDER SCHOOLS

(Class Composition as of September, 1951)

	School																		Totals			
	Blowing Springs		Claxton		Clinton		Marlow		Mt. View		Shin-liver		South Clinton		Sulphur Springs		Miscellaneous		Boys	Girls	Total	Percent
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
No. of Students	9	6	10	8	13	41	5	2	5	4	7	6	11	10	3	4	10	10	73	91	164	
Age																						
14	1	0	1	2	1	4	0	0	1	3	1	2	1	5	1	2	1	3	8	21	29	17.7
15	1	5	4	5	6	29	3	0	1	1	1	3	5	5	1	1	2	5	24	54	78	47.8
16	5	1	1	0	5	4	2	1	2	0	2	0	5	0	1	1	3	2	26	9	35	21.3
17	1	0	3	1	1	3	0	0	1	0	3	1	0	0	0	0	4	0	13	5	18	10.9
18	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2	2	4	2.3
																						100.0
Defects																						
Need Dental Care	8	6	8	6	6	23	5	2	4	4	6	6	8	10	3	4	7	8	55	69	125	75.0
Gum Infection	1	1	0	0	0	0	5	2	3	3	0	0	0	0	0	0	0	0	9	6	15	9.1
Poor Oral Hygiene	7	5	7	5	5	20	5	2	3	3	6	6	5	8	3	4	6	7	47	60	107	65.1
Enlarged Tonsils	6	2	0	0	2	4	3	0	0	1	1	1	2	1	1	0	0	1	15	10	25	15.2
Immunizations																						
Whooping Cough	5	4	7	5	8	25	3	2	3	3	2	4	4	5	2	2	3	1	37	50	87	55.4
Diphtheria	7	4	7	6	11	30	4	2	4	3	2	4	9	8	3	2	3	2	50	61	111	67.6
Smallpox	9	6	8	8	12	39	5	2	5	3	6	5	11	10	3	4	6	2	65	79	144	87.8
Typhoid	8	4	7	7		31	5	2	4	3	3	4	11	9	3	2	4	2	56	64	120	73.2
Chest X-Rayed	5	3	6	6	7	29	2	1	3	2	5	1	7	6	1	0	1	1	37	40	77	50.7

The percentage of immunizations (whooping cough, 55.4 percent; diphtheria, 67.6 percent; smallpox, 87.8 percent; typhoid, 73.2 percent) seemed at face value relatively high. However, the health histories showed most of these immunizations as having been taken at a very early age. Compared with these percentages, that on chest X-rays (50.7 percent) was low. The percentages on chest X-rays represented those who had voluntarily accepted some responsibility for checking their own health.

Analysis of the above data in an effort to define the needs of the health students, as a group, therefore showed the lack of and need for health education with especial emphasis on (1) dental hygiene, (2) oral hygiene, (3) the understanding of the importance of obtaining immunizations at an early age for the health of future generations, (4) the understanding of the importance of regular chest X-rays for the early detection of tuberculosis, and (5) the immediate correction of existing dental defects.

Further analysis of these data showed variation within the group. The whole group (health students of Clinton High School, September, 1951) was divided into two sub-groups: (1) those students who finished the eighth grade in Clinton Grammar School (city operated), and (2) those students who finished the eighth grade in the county-operated schools.

Comparison of the percentages of students needing dental corrections in the entire group and in the two sub-groups was as follows:

<u>Entire Group</u>		<u>Clinton Grammar School</u>	<u>County-Operated Schools</u>
Boys	75 percent	46 percent	81 percent
Girls	76 percent	56 percent	92 percent

Comparison of the percentages of students having poor oral hygiene in the entire group and in the two sub-groups was as follows:

<u>Entire Group</u>		<u>Clinton Grammar School</u>	<u>County-Operated Schools</u>
Boys	65 percent	38 percent	70 percent
Girls	66 percent	49 percent	80 percent

Comparison of the percentages of students having received immunizations and X-rays in the entire group and in the two sub-groups was as follows:

	<u>Entire Group</u>		<u>Clinton Grammar School</u>		<u>County-Operated Schools</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
	(Percent)		(Percent)		(Percent)	
Whooping Cough	51	56	61	61	48	52
Diphtheria	68	67	85	73	65	65
Smallpox	90	87	93	95	88	80
Typhoid	88	70	92	76	75	66
Chest X-rays	49	44	53	57	50	40

Clinton Grammar School (operated by the Clinton Board of Education and employing a full-time school nurse) showed a markedly lower percentage of city students, as compared with county students, needing dental corrections, or having poor oral hygiene. It also showed a larger percentage as having been immunized and having had chest x-rays.

### Summary

The health status of the students of the five health classes of the Clinton High School as of September, 1951, was determined by analysis of

data collected from the regular medical examinations made in April, 1951, and the health histories made by the students in September, 1951. Both sets of records were kept in the school files.

This analysis demonstrated the lack of and need for health education with especial emphasis on (1) dental hygiene, (2) oral hygiene, (3) the value of obtaining immunizations at an early age for the protection of future generations, (4) the importance of regular chest x-rays for the early detection of tuberculosis, and (5) the immediate correction of existing dental defects.

Dividing the entire group of health students of the Clinton High School into sub-groups representing the feeder schools, the percentage of each need was determined.

Comparisons of the needs in the city-operated school (Clinton Grammar School) with those in the elementary schools operated by Anderson County were made as to the percentages of each need in each group.

The students from Clinton Grammar School (operated by the City of Clinton and employing a full-time school nurse) consistently showed a lower percentage of defects and higher percentage of immunizations and chest x-rays than those coming from the schools operated by Anderson County. Conditions, other than having a school nurse, which could have influenced this trend, were the nearness of the Anderson County Public Health Department, greater emphasis on health instruction throughout the eight grades, and concentration of physicians and dentists in Clinton. There may have been other factors.

## CHAPTER VI

### HEALTH EDUCATION ACCOMPLISHMENTS OF THE HEALTH CLASS STUDENTS AT THE CLOSE OF 1951-52 TEACHING YEAR

After using the health needs indicated in Chapter V as areas requiring special emphasis during the year's work in health education at Clinton High School, how well did the health students measure up?

This evaluation is presented in these divisions:

Health Inventory

Meeting Physical Needs

Appraisal of Findings

Summary

#### Health Inventory

The terminal appraisal (described in Chapter I, pages 6-7) for this comparison and study involved determining the health education accomplishments of the health class students at the close of the 1951-52 teaching year. The instrument used was a modification of that used in Henry County Schools in 1950<sup>1</sup> and represented an attempt to determine the health knowledge, status, attitudes, and practices of the students in the five health classes in Clinton High School. One hundred and

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<sup>1</sup> Marilee B. Cavender, "How Well Do Our High School Students Measure Up?" (Paris, Tennessee: Henry County Schools, 1950). (Mimeographed)

forty-five students completed the test. The 14 objectives for high school students were modified from those suggested in a public address made by Dr. Arthur Steinhaus in New York, and represented an expansion of his modified 11 objectives for high school students as presented in the "Tennessee Red Book."<sup>2</sup>

The extent to which the 145 students participating in this study "measured up" to the selected objectives was determined by their behavior outcomes.

The 145 students were grouped according to feeder schools, and then these groups were totaled. The division into feeder schools in each table was retained in the hope that the findings on separate schools might be of some value to the supervisor of instruction.

Objective One: Are they free from remediable defects and preventable and curable diseases?

Table VII shows the status of the health class students with regard to 21 remediable defects and preventable diseases. The figures tabulated represent the students' own ideas on these subjects, not those resulting from reliable medical examinations. The question called for the students to check diseases and defects which they "thought they had." However, where the severity of the case warranted, the student was referred to his family physician or the director of the local health department and reports noted.

Those who said they had decayed teeth (42 percent) compared

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<sup>2</sup> Tennessee Department of Education and Tennessee Department of Public Health, A Program of Health Education for Tennessee Schools (Nashville, Tennessee: Tennessee Department of Education, 1948), p. 8.

TABLE VII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE ONE<sup>a</sup>

Thought They Had	School									Totals	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous	Number	Percent
	No. of Students										
	11	16	44	5	8	11	29	7	14	145	
Acne	5	8	23	3	7	6	19	3	6	80	55.2
Athlete's foot	0	3	3	1	2	1	3	1	1	18	12.4
Decayed teeth	5	11	11	3	0	4	15	1	6	61	42.1
Diseased tonsils	0	0	0	0	2	0	3	1	0	6	4.1
Limited vision	3	4	5	0	0	1	2	1	2	18	12.4
Underweight	3	0	18	0	1	6	10	1	5	44	30.4
Overweight	1	0	5	0	0	3	2	1	2	14	9.7
Hernia	0	0	0	0	0	0	0	0	0	0	0.0
Limited hearing	0	0	0	0	0	0	3	0	0	3	2.1
Ear trouble	3	2	0	1	0	0	7	0	1	14	9.7
Anemia	0	0	0	0	0	0	0	0	0	0	0.0
Frequent headache	2	0	2	1	3	1	4	0	3	16	11.1
Backache	0	0	0	0	1	0	2	0	2	5	3.5
Sideache	2	0	9	0	3	1	5	1	3	24	16.0
Fatigue	4	0	2	0	1	0	4	0	3	14	10.0
Indigestion	0	0	0	1	0	0	2	0	1	4	2.8
Emotional upset	1	0	0	0	0	0	1	1	1	4	2.8
Persistent worry	0	0	2	0	0	0	0	0	3	5	3.5
Asthma	0	0	0	0	1	0	1	0	0	2	1.4
Skin rash	0	0	1	0	1	0	1	0	0	3	2.1
Other allergies	0	0	1	0	1	1	1	0	0	4	2.8

<sup>a</sup> Objective One: Are they free from remediable defects and preventable and curable diseases?



favorably with the 75 percent who according to the medical examinations in September, 1951, needed dental corrections. According to the numbers on this table, the most frequent remediable defect appeared to be acne, with decayed teeth second and underweight next. The first and third of these could mean, in part, nutritional influences. More on this item appears in Table VIII.

Objective Two: Have they been immunized against preventable diseases?

Table VIII shows the status of the health class students with regard to five immunizations, three given at a relatively early age, and two more recently.

The relatively few students immunized against diphtheria and whooping cough as compared with typhoid and smallpox indicates some change in knowledge, attitudes, and acceptance of personal responsibility to self and others. The difference in these percentages may also somewhat reflect changes in emphasis in public health practices over the last ten to fifteen years. The opportunity to have typhoid immunization was provided, on a voluntary basis, by the Anderson County Public Health Department. The records show that 84.8 percent of the students have availed themselves of this service (up to July 23, 1952).

Objective Three: Have they had chest X-rays and blood tests for syphilis?

Table IX shows the status of the health class students with regard to the number who have had X-rays and blood tests.

Chest X-rays were provided at school, and all students in the health classes accepted the service.

TABLE VIII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE TWO<sup>a</sup>

Had Been Immunized at Some Time in Life Against	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										Percent
	11	16	44	5	8	11	29	7	14	145	
Diphtheria	4	7	19	1	5	5	12	4	8	65	44.4
Whooping Cough	4	5	14	2	4	1	10	2	7	49	33.8
Tetanus	0	2	1	0	1	0	0	0	4	8	5.5
Typhoid	5	13	32	2	7	8	25	5	10	107	73.9
Smallpox	11	16	42	2	8	11	29	7	14	143	98.6

<sup>a</sup> Objective Two: Have they been immunized against preventable diseases?

TABLE IX

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE THREE<sup>a</sup>

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									145	Percent
	11	16	44	5	8	11	29	7	14		
Had chest x-rays	11	16	44	5	8	11	29	7	14	145	100.0
Had a blood test	0	0	10	0	0	0	2	0	0	12	8.3

<sup>a</sup>Objective Three: Have they had chest X-rays and blood tests for syphilis?

Upon the advice of the local public health department, the blood tests were made only in the cases of food handlers, athletes, and referrals.

Objective Four: Do they know the signs of onset of various diseases? Do they know when and where to seek adequate medical care? Do they know when and where to seek adequate dental care?

Table X shows the status of the health class students as to knowledge of symptoms of seven diseases, and when and where to seek adequate medical and dental care.

It would appear that in many cases, familiarity with the symptoms was increased where the students had had actual experience with diseases in their homes.

A few of the students claimed they had no regular family physician, and others who had not lived in this locality very long stated they had had no use for a doctor as yet.

Seven students had never been to a dentist. Of the seven, four had excellent teeth. Twenty-one had never been to a dentist except for extractions. It was difficult to interest these students in dental care. After being neglected all their lives, corrections would be costly and painful if possible.

Objective Five: Do they consistently eat a well-balanced variety of foods and enjoy doing so? Are they well regulated in habits of eating and elimination?

Table XI shows the status of the health class students with regard to regular eating habits and elimination.

TABLE X

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE FOUR<sup>a</sup>

	School									Total	Percent
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										
	11	16	44	5	8	11	29	7	14	145	
<u>Various Diseases</u>											
Claimed to know symptoms of:											
Measles	10	14	36	4	8	8	24	6	10	120	82.9
Scarlet fever	5	9	30	3	7	7	12	6	5	84	57.9
Mumps	10	13	33	4	7	7	22	6	8	110	75.8
Rheumatic fever	5	8	21	4	4	0	13	3	3	61	42.2
T. B.	5	12	24	4	7	6	16	6	6	86	59.3
Cancer	5	5	16	1	3	6	13	5	5	59	40.7
Appendicitis	10	11	39	2	8	6	21	4	6	107	72.8
<u>Dental Care</u>											
Had been to the dentist within last year	7	12	19	3	7	7	24	6	10	95	65.5
Had dentist check teeth yearly	6	7	13	3	6	7	16	5	10	73	50.4

<sup>a</sup> Objective Four: Do they know the signs of onset of various diseases? Do they know when and where to seek adequate medical care? Do they know when and where to seek adequate dental care?

TABLE X

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE FOUR (continued)

	School										
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									Total	
	11	16	44	5	8	11	29	7	14	145	Percent
<u>Medical Care</u>											
Could name family doctor	11	13	37	5	8	7	27	7	9	124	85.5
Thought it impor- tant that:											
Dr. hold diploma from regular medi- cal school	10	14	36	4	7	7	27	6	12	123	84.9
Dr. hold a State license	6	15	33	4	6	7	22	7	11	111	76.5
Dr. belong to local medical society	5	8	23	3	4	4	27	3	6	83	57.3
Knew difference be- tween a chiropractor and an osteopath	1	9	7	1	1	4	10	0	4	37	25.5
Knew difference be- tween an optometrist and an opthamalogist	4	7	9	1	1	0	8	4	2	36	24.8

TABLE XI

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE FIVE<sup>a</sup>

	School									
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous	
	No. of Students									Total
	11	16	44	5	8	11	29	7	14	145
										Percent
Claimed they eat three well balan- ced meals a day	9	6	29	4	5	6	12	4	8	83
										57.3
Knew they did not eat three well bal- anced meals a day	2	8	15	1	3	2	18	3	5	57
										39.3
No answer										5
										3.4

Students mentioned the following foods they did not like:

Eggs - 4	Peas - 6	Greens - 12	Corn - 6
Liver - 2	Carrots - 18	Oysters - 6	Beans - 12
Fish - 4	Cabbage - 12	Spinach - 14	Turnips - 9
			Milk - 5

<sup>a</sup> Objective Five: Do they consistently eat a well-balanced variety of foods and enjoy doing so?  
Are they regulated in habits of eating and elimination?

The claim of 83 students that they eat three well-balanced meals a day appears high by comparison with Table VII which lists 55 percent as believing they have acne and 40 percent stating they are either under or over weight.

Objective Six: Do they hold their weight well under control? Do they know how to gain or lose weight sanely and wisely?

Table XII shows the status of the health class students with regard to controlling their weight.

The claim of 92 students that they knew how to gain or lose weight sanely and wisely seemed high in comparison with 107 students who felt they needed to gain or lose weight.

Objective Seven: Have they developed posture, strength, and endurance sufficient to meet the maximum demand of the usual day? Do they know how to swim?

Table XIII shows the status of health class students with regard to posture, strength, endurance, and ability to swim.

Unless ill, the majority of students did not appear tired at the end of the day. Interest in improving their physical ability increased during the year.

The high percentage of students able to swim may be in part a result of the large number of swimming classes given by the local Red Cross Chapter during the past several summers.

Objective Eight: Do they enjoy life to the fullest without resort to synthetics? Do they use tobacco, alcohol, or other drugs?

Table XIV shows the status of the health class students with regard to the use of synthetics.



TABLE XII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE SIX<sup>a</sup>

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									Percent	
	11	16	44	5	8	11	29	7	14	145	
Felt they needed to gain weight	6	9	21	4	4	6	20	5	5	80	55.2
Felt they needed to lose weight	5	6	13	1	1	3	3	3	2	37	25.5
Claimed to know how to gain or lose weight sanely and wisely	7	9	21	3	6	6	23	6	11	92	63.4

<sup>a</sup> Objective Six: Do they hold their weight well under control? Do they know how to gain or lose weight sanely and wisely?

TABLE XIII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE SEVEN<sup>a</sup>

	School									Total Percent	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										
	11	16	44	5	8	11	29	7	14	145	
Felt their strength and endurance equal to that of the aver- age boy or girl	11	13	36	5	8	7	27	5	11	123	84.8
Claimed to be try- ing to improve their physical ability	11	13	27	5	8	8	29	4	12	116	80.7
Claimed to know how to swim	7	13	26	2	4	6	15	5	9	87	60.2

<sup>a</sup> Objective Seven: Have they developed posture, strength and endurance sufficient to meet the maximum demand of the usual day? Do they know how to swim?

TABLE XIV

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE EIGHT<sup>a</sup>

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									Percent	
	11	16	44	5	8	11	29	7	14	145	
Smoke	5	6	20	2	3	5	10	2	4	57	39.3
Drink coffee	7	8	26	2	5	4	24	6	9	91	62.7
Drink cola drinks	10	13	36	3	8	5	27	7	10	119	82.0
Drink beer	0	3	1	0	0	1	2	0	0	7	4.8
Drink whiskey, gin or other alcoholic beverages	0	2	0	0	0	0	1	0	0	3	2.1
Take aspirin	6	14	31	2	8	8	20	4	10	103	71.1
Take baking soda	0	0	1	1	0	0	4	1	1	8	5.5
Take tonics	0	0	1	1	0	0	3	0	0	5	3.4
Take vitamins	0	0	7	2	0	0	4	0	3	17	11.7

<sup>a</sup> Objective Eight: Do they enjoy life to the fullest without resort to synthetics? Do they use tobacco, alcohol, or other drugs?

Aspirin was consumed in larger quantities on test days, and other days of intense school activity. From the record kept, it was indicated that regular use of aspirin, cola drinks, and coffee was habitual with a few students.

Objective Nine: Do they know how to recreate, do so consistently, and enjoy it?

Table XV shows the status of the health class students with regard to use and enjoyment of recreation.

Participation in games and school activities have opened up new areas of wholesome interest to many students as well as helped develop the ability of getting along with others, thus contributing to both physical and mental health.

Objective Ten: Are they free from nervous instabilities and emotional distortions?

Table XVI shows the status of the health class students as they regard themselves emotionally.

The large majority of the group tested indicated they considered themselves emotionally stable. This test was not deemed conclusive.

Objective Eleven: Do their personalities radiate anchorage upon a philosophy of life satisfying to them?

Table XVII shows the status of the health class students with regard to personal philosophy of life.

In the opinion of the writer, the majority of these students had steady, well poised personalities.

Objective Twelve: Are they prepared to face the problems involved

TABLE XV

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE NINE<sup>a</sup>

	School									Total Percent	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										
	11	16	44	5	8	11	29	7	14	145	
Take physical education	10	15	37	5	8	8	29	7	14	133	91.8
Enjoy it	10	14	34	5	8	7	26	7	12	123	84.8
Participate in and enjoy:											
Basketball	11	10	32	3	8	9	27	4	11	115	79.3
Skating	5	6	19	0	0	3	15	4	7	59	40.7
Swimming	0	14	27	2	5	6	16	5	9	84	59.3
Baseball	0	7	18	5	7	7	27	6	10	87	60.0
Hiking	7	7	23	3	5	0	23	7	9	84	57.8
Camping	5	2	13	3	5	0	17	0	6	51	35.2
Tennis	0	1	19	2	2	3	7	0	6	40	27.6
Football	5	6	9	2	4	5	13	1	5	50	34.5
Others named:											
	Softball		Volleyball		Bowling		Bicycling		Horse shoe	pitching	
	Fishing		Corkball		Hunting		Golf				

<sup>a</sup> Objective Nine: Do they know how to recreate, do so consistently and enjoy it?

TABLE XVI

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE TEN<sup>a</sup>

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										
	11	16	44	5	8	11	29	7	14	145	Percent
Said they were happy	11	14	37	5	8	9	29	7	14	134	92.5
Thought people liked them	11	13	36	5	8	7	27	5	14	126	86.9
Like people	11	15	37	5	8	9	28	7	14	134	92.4
Prefer many friends to a few	11	14	37	5	8	9	28	7	14	133	91.8
Are inclined to blame others when things go wrong	2	6	10	0	3	8	8	3	4	44	30.3
Think they are able to control their emotions in moments of anger, fear or discouragement	9	10	21	4	6	9	21	6	7	93	64.4
Sleep as much as eight hours each night	11	12	32	5	7	9	26	6	12	129	89.0
Awaken refreshed and ready for the days events	11	12	29	5	5	7	20	5	10	104	71.9

<sup>a</sup> Objective Ten: Are they free from nervous instabilities and emotional distortions?

TABLE XVII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE ELEVEN<sup>a</sup>

	School									
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous	
	No. of Students									Total
	11	16	44	5	8	11	29	7	14	Percent
How many:										
Think things hap- pen for the best	9	11	27	4	7	6	23	6	12	105 72.4
Really believe in and are willing to abide by the choice of the majority	9	12	33	5	7	8	25	6	12	117 80.7
Go to Sunday School regularly	9	8	26	5	6	6	22	6	9	97 66.9
Go to church regularly	11	8	29	5	7	7	20	6	10	103 70.9
How many in time of distress would go to their:										
Mother	10	15	31	5	6	7	21	6	11	112 77.4
Father	4	9	16	2	5	3	14	3	4	60 41.4
Minister	2	1	2	2	1	0	4	0	2	14 9.5
Teacher	0	0	0	1	0	1	0	0	0	2 1.3
Girl friend	0	0	5	1	1	2	2	1	0	12 8.3
Boy friend	0	0	0	1	1	0	2	0	0	4 2.8
Brother	0	0	1	2	0	0	1	0	1	5 3.4
Sister	0	0	6	0	0	1	1	1	1	11 7.6
Grandmother	1	0	2	0	0	0	1	0	1	4 2.8

<sup>a</sup> Objective Eleven: Do their personalities radiate anchorage upon a philosophy of life satisfying to them?

in courtship, marriage, reproduction, child care, family life adjustments, and changes that will come with advancing years?

Table XVIII shows the status of the health class students with regard to marriage and family relations.

The small group answering these questions in the affirmative seemed to reveal a true picture of the general state of mind. The writer feels the students are less sure in this area, and results obtained are less satisfying here than elsewhere.

Objective Thirteen: Do they know the health problems of the community?

Table XIX shows the status of the health class students with regard to community health problems.

The items listed represented the problems with which these students have come in contact in family and community life.

Objective Fourteen: Do they know and use the health facilities of the community?

Table XX shows the status of the health class students with regard to their use of the community health facilities.

The health students appeared to know something of the health facilities in this community and have used them more often during the past year than they did previously.

Table XXI shows the status of the health class students with regard to diseases they believe they may have and diseases and accidents they have had, are shown in Table XXII.

These questions were asked:



TABLE XVIII

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE TWELVE<sup>a</sup>

	School									Total Percent
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous	
	11	16	44	5	8	11	29	7	14	
Feel prepared to face problems of courtship	7	6	27	1	5	6	18	4	11	88 60.5
Feel prepared to face problems in- volved in marriage	2	4	11	1	3	3	13	1	3	41 28.3
Feel prepared to face problems in- volved in reproduc- tion	1	5	11	1	0	5	9	1	3	36 24.8
Feel prepared to face problems in- volved in child care	3	3	16	1	4	3	9	1	4	44 30.4
Feel prepared to face problems in- volved in family life adjustments	2	6	16	1	3	4	11	1	4	48 33.1

<sup>a</sup> Objective Twelve: Are they prepared to face the problems involved in courtship, marriage, reproduction, child care, family life adjustments, and changes that will come with advancing years?

TABLE XIX

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE THIRTEEN<sup>a</sup>

	School									Total Percent	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students										
	11	16	44	5	8	11	29	7	14		
(Rank according to statistics)											
Heart (1st)	5	5	22	0	5	7	13	5	4	66	45.6
Cancer (2nd)	4	7	24	2	2	7	17	6	7	76	52.5
Cerebral hemorrh- age (3rd)	0	0	5	0	0	0	3	0	0	8	5.5
Infant death under one year (4th)	0	0	2	0	0	0	0	2	0	4	2.7
Accidents (5th)	7	11	42	4	8	7	24	5	14	122	84.1
Nephritis (6th)	0	0	0	0	0	0	0	0	0	0	0.0
Tuberculosis (7th)	5	7	19	2	3	5	15	4	7	67	46.2
Pneumonia (8th)	0	0	2	0	0	0	1	0	0	3	2.1
Diabetes (9th)	0	0	2	0	1	0	1	0	1	5	3.5

Others mentioned were none of which are leading causes of deaths at present:

Drowning - 23	Polio - 12	Drinking - 6	Typhoid - 4
Fires and burns - 22	Carelessness - 9	Rheumatic fever - 5	Suicide - 4
Reckless driving - 20	Scarlet fever - 8	Crime - 5	Stomach ulcers - 2
			Diphtheria - 2

Students named the following as major health problems in Clinton and Anderson County:

Sanitation - 22	Water supply - 7
Sewage disposal - 9	City dumps - 2

<sup>a</sup> Objective Thirteen: Do they know the health problems of the community? Students named the above as being the 10 leading causes of death in Tennessee.

TABLE XX

STATUS OF HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING OBJECTIVE FOURTEEN<sup>a</sup>

	School									Total Percent
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous	
	11	16	44	5	8	11	29	7	14	
Location of County Health Department	9	7	44	4	7	7	26	4	11	123 88.4
Location of State Health Department	4	5	14	4	2	4	7	0	3	34 28.4
State Commissioner of Health	0	0	1	0	0	0	0	1	0	2 1.4
Director of Ander- son County Health Department	6	10	35	3	5	5	24	6	10	104 71.3

<sup>a</sup> Objective Fourteen: Do they know and use the health facilities of the community?

TABLE XXI

STATUS OF THE HEALTH STUDENTS OF CLINTON HIGH SCHOOL REGARDING  
DISEASES THEY SUSPECT THEY MAY HAVE OR HAVE HAD<sup>a</sup>

Condition	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									145	Percent
	11	16	44	5	8	11	29	7	14		
Heart disease	0	0	1	0	0	0	0	0	1	2	1.4
Appendicitis	1	0	2	1	3	0	1	2	1	11	8.0
Kidney disease	0	0	1	0	1	0	2	1	1	6	4.2
T. B.	0	1	0	0	0	0	0	0	0	1	0.7
None	10	15	40	4	4	11	26	4	11	125	86.4

<sup>a</sup> Question: 1. Check the following conditions that may apply to you. 2. Do you suspect that you may have: . . . (See Appendix)

TABLE XXII

STUDENTS' STATEMENT OF DISEASES OR ACCIDENTS THEY HAVE HAD<sup>a</sup>

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									Percent	
	11	16	44	5	8	11	29	11	14	145	
<u>Diseases:</u>											
Diphtheria	0	0	2	1	0	0	2	0	0	5	3.4
Typhoid fever	0	0	1	0	0	0	1	0	0	2	1.4
Whooping cough	8	0	27	4	4	10	20	6	12	91	62.7
No answer	0	0	0	0	3	0	4	0	2	9	6.2
<u>Severe accidents:</u>											
Car wreck	1	0	0	0	1	0	2	0	0	4	2.7
Serious accidents	7	0	3	0	2	1	4	8	2	27	10.8
None	10	0	41	5	5	10	23	5	10	118	81.4
<u>Operations:</u> (Total)	9	0	20	0	2	1	10	2	3	47	27.0
Tonsillectomy	2	0	15	0	1	1	6	2	3	30	20.6
Ear	0	0	0	0	0	0	1	0	0	1	0.7
Appendectomy	0	0	3	0	1	0	3	0	0	7	4.8
Orthopedic surgery	7	0	2	0	0	0	0	0	0	9	6.2
None	8	16	26	5	6	10	20	9	11	111	75.4

<sup>a</sup> Question: 3. Which of the following diseases have you had? 4. Have you ever had a serious accident? Explain. 5. What operations have you had?

1. Check the following conditions that may apply to you.
2. Do you suspect that you may have?
3. Which of the following diseases have you had?
4. Have you ever had a serious accident? Explain.
5. What operations have you had?

Answers shown were:

Questions 1 and 2. The large majority of students answering "None" to each question, showing that they believed themselves to be healthy girls and boys.

Question 3. Diseases listed were had at an early age.

Question 4. Of the 27 severe accidents listed by this group, only one occurred during the teaching year 1951-52. This exceptional safety record may be due, in part, to the students' intense interest in first aid and safety education.

Question 5. Operations undergone were normal, 75.4 percent having had none. One student had had seven operations on his feet.

Table XXIII shows (1) the stability of school attendance and (2) the changes and improvements this group of students suggested.

Of the improvements suggested Numbers 2, 6, 9, 10, and 13 will be attempted next year; Number 14 is impossible with the bus schedule as set up by the Anderson County Superintendent of Education; Number 3 will be included in the 1952-53 curriculum; Numbers 1 and 4 will be finished during 1952-53; Numbers 7 and 12 are set up by the State Department of Education; and Numbers 5, 8, and 11 are impossible due to limited space.

TABLE XXIII

STABILITY OF SCHOOL ATTENDANCE  
SUMMARIES

	School									Total	
	Blowing Springs	Claxton	Clinton	Marlow	Mt. View	Shin- liver	South Clinton	Sulpher Springs	Miscel- laneous		
	No. of Students									1145	Percent
<u>8 Years Same Grade School</u>	11	16	44	5	8	11	29	7	14		
Yes	9	12	31	4	6	10	15	7	2	96	66.2
No	2	4	13	1	2	1	14	0	12	49	3.8
<u>High School</u>											
9th Grade - Yes	10	16	44	5	8	11	28	7	5	134	92.4
9th Grade - No	1	0	0	0	0	0	1	0	0	2	7.6
10th Grade - Yes	11	16	44	5	8	11	29	7	14	145	100.0
10th Grade - No	0	0	0	0	0	0	0	0	0	0	0.0

SummariesWhat changes and improvements would you like to see made in the schools?

No answer - 35

1. Redecorating old building—need new building - 25

2. Expanded curriculum - 23

3. Drivers training - 23

4. Cafeteria - 19

5. Study hall with tables and chairs - 14

6. Expanded courses in life - 11

7. One credit in physical education yearly - 7

8. Mechanics, electricity, radio, wood and metal work - 6

9. Personal guidance, help with personal problems - 5

10. Stop so many initiations - 4

11. Girls basketball team - 4

12. One credit in band yearly - 2

13. More chapel services of religious nature - 1

14. Longer lunch period - 1



### Meeting Physical Needs

Referring to Table VI, page 27, it appeared that the physical needs were (1) dental corrections, (2) improved oral hygiene, (3) typhoid immunization, and (4) chest X-rays. It was the opinion of the writer that if the health instruction were effective these physical needs would be met voluntarily. However, it was believed that the health of the group would be safeguarded by providing for mass typhoid immunizations and chest X-rays. These two objectives were effected through the cooperation of the Anderson County Public Health Department and the Anderson County Tuberculosis Association (See Tables VIII and IX, pages 45 and 46). Number 2 (oral hygiene) physical need listed above was not rechecked apart from Number 1 (dental corrections).

In checking on those students who were listed in the tabulation of the school medical examinations as needing dental corrections, it was found that some students were from families which were unable financially to have these corrections made. Through assistance of the Business and Professional Women's Club, three such students were enabled to have the necessary corrections made during the teaching year 1951-52.

As a check on the total number of students having dental work during the year, the following questions were asked of the 145 students in May, 1952, and results tabulated:

A. During this school year have you:



	<u>Number</u>	<u>Percent</u>
1. Had any dental care by a dentist? ("Yes")	78	53.8
2. Were all necessary dental corrections made? ("Yes")	48	33.2
3. Are your teeth now in good shape? ("Yes")	59	40.7
B. Also asked were:		
1. Number never having had any dental work done	12	8.3
2. Number never having had any dental care excepting extractions	21	14.5

Also indicative of interest in the dental program was the fact that 20 students submitted "100 percent correction" slips signed by qualified dentists (See Dental Honor Roll in Appendix, page 85).

Due to limited personnel in the local health department actual re-examination was impossible. Teacher observations were frequent and unscheduled. From these and the above figures, the writer is reasonably sure that there was a substantial improvement in the dental attitudes and habits of the students.

### Appraisal of Findings

The results of this evaluation may be separated into the positive results and the inadequacies which have become apparent.

#### Positive Results

There is evidence that some phases of the health education program

as developed in Clinton High School, 1951-52, have to limited extent attained the "objectives set up by the Department of Education as being obligatory."<sup>1</sup> With the exception of acne and dental caries, the health class students were in a large part free from remediable defects, and preventable and curable diseases. A great percentage had been immunized against smallpox and typhoid fever and 100 percent had had chest X-rays within the last six months. The majority of the students knew the symptoms of common diseases and knew when and where to seek medical and dental care; they felt their strength and endurance to be normal; understood and enjoyed recreation. They had greater comprehension of community health problems and used the community health facilities. There is evidence, also, that in the health services embracing the dental program there has been considerable improvement.

Comparison of the results in a few key items of the health inventory of Clinton High School with that made by Mrs. Cavender on the senior students in the six high schools of Henry County in 1950<sup>2</sup> showed some variations and some very close parallels:

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<sup>1</sup> Tennessee Department of Education and Tennessee Department of Public Health, A Program of Health Education for Tennessee Schools (Nashville, Tennessee: Tennessee Department of Education, 1948), p. 8.

<sup>2</sup> Marilee B. Cavender, "How Well Do Our High School Students Measure Up?" (Paris, Tennessee: Henry County Schools, 1950). (Mimeographed)

<u>Items</u>	<u>Clinton High School</u> (Percent)	<u>Henry County High Schools</u> (Percent)
Dental corrections needed	42.1	45.0
Typhoid immunizations gotten	73.9	68.9
Chest X-rays obtained	100.0	79.5
Blood tests taken	8.3	46.4
Prepared to face courtship	33.1	62.3
Prepared to face family life	36.3	23.6

The percentage of Clinton High School health students needing dental corrections was 2.9 percent lower than among Henry County students. Also, Clinton had higher percentages immunized against typhoid and had 100 percent chest X-rays. The Clinton students were less ready for "meeting problems of courtship, mate selection, marriage, reproduction, and child rearing."

Positive results from the dental program included: (1) the larger number of dental corrections made voluntarily; (2) improvement in daily care of teeth (based on teacher observations); and (3) increased dental interest and awareness of the problem on the part of the students, parents, and dentists. This increased interest was demonstrated by: (1) the dentists of the town participating in health class discussions; (2) the Business and Professional Women's Club accepting as one of their regular activities financial aid to high school students needing dental correction, but whose families were unable to provide such corrections; and (3) the setting up of a Dental Health Honor Roll. This Honor Roll was placed on the class bulletin board. On it were listed names of students submitting statements (dated during the school year) from their personal dentists that all necessary dental corrections had been made. Twenty

students, or 14 percent of the number taking the health inventory, were on the Honor Roll (copy in Appendix).

### Inadequacies of Program

In reviewing the health education program of Clinton High School for the year 1951-52, the writer found many weak spots.

1. Dental health. Among the 42 percent enrollment in the health classes who still have decayed teeth, there were some who could have had necessary corrections made if they had been "sold on" the importance of these corrections; there were some who had found they had neglected the care of their teeth so long that extractions and dentures were the only recourse remaining to them; there were a few who realized their needs and wanted to have the corrections made, but for whom financial resources were not available.

2. Nutritional health. Various items from the health inventory tables are restated here: Table VII (Objective One): 80 students (55 percent) thought they had acne, 44 students (30 percent) were underweight. Table XI (Objective Five): 57 students (39 percent) knew they did not eat three well-balanced meals a day. Table XIV (Objective Eight): 91 students (63 percent) drink coffee; 119 students (82 percent) drink cola drinks.

Analysis of the above statements probably indicates a nutritional problem. Since Clinton High School does not have a cafeteria, the students obtain their lunches from various sources. In an effort to arrive at a somewhat more accurate picture of the average boy and girl in the five health classes, along with certain eating habits, a questionnaire

was developed and distributed. The resulting data are tabulated in Table XXIV.

The "average" boy and girl were normal as to weight-age-height calculations. The boy was 0.7 years older than the girl. Forty-five and three tenths percent of the boys, as compared with six percent of the girls, were getting hot meals at cafes, indicating that the boys were probably better fed than the girls. However, the boys ate more candy and drank more coffee than the girls. The average bottled "soft drinks" consumed per week and the number of glasses of milk daily were nearly equal, with the boys having the better eating habits.

3. Preparation for marriage and family life was revealed as a weak spot (Refer to Table XVIII, Objective Twelve, page 60). The answers ranging from 25 percent feeling prepared to meet the problems of reproduction to 59 percent feeling prepared to meet the problems of courtship indicated a need of greater emphasis being placed upon a study of marriage and family relations.

4. The weakest spot of all, probably, was the lack of realization by each student that health is his own personal problem, to be accepted and worked out as such by him, using all available resources.

### Summary

This evaluation was an attempt to measure certain health knowledge, status, attitudes, and practices of the students of the five health classes of Clinton High School at the end of the teaching year, 1951-52. Special attention was given to the acute physical defects as tabulated from the

TABLE XXIV

WHAT IS THE AVERAGE STUDENT LIKE AND  
HOW GOOD ARE SOME OF HIS NUTRITIONAL HABITS?

	Boys	Girls
What is the average age?	16.3 years	15.6 years
What is the average height?	68.7 in.	64.1 in.
What is the average weight?	140.4 lbs.	119 lbs.
From Baldwin-Wood Age-Height-Weight Table	129-172 lbs.	108-144 lbs.
Where do the students eat lunch?	(Percent)	(Percent)
Bring cold lunch from home	24.4	31.3
Eat lunch at home	11.5	14.4
Eat lunch at cafe	42.3	6.0
Eat lunch at grammar school	5.0	7.3
Eat lunch at recreation hall	14.1	19.3
Eat lunch at drug store	0.0	21.7
Eat lunch at grocery store	2.7	0.0
	100.0	100.0
How many candy bars to students eat?	(Percent)	(Percent)
None	14.2	12.1
1 bar weekly	11.5	---
2-3 bars weekly	30.8	61.4
4-5 bars weekly	11.5	---
1 bar daily	21.8	22.9
2 bars daily	10.2	3.6
	100.0	100.0
Average per week	4.6 bars	3.6 bars
How many soft drinks do students drink?	(Percent)	(Percent)
None	14.1	13.1
1 weekly	7.7	---
2-3 weekly	16.7	44.7
4-5 weekly	16.7	---

TABLE XXIV

WHAT IS THE AVERAGE STUDENT LIKE AND  
HOW GOOD ARE SOME OF HIS NUTRITIONAL HABITS (continued)

	Boys	Girls
1 daily	42.3	33.7
2 daily	<u>2.5</u>	<u>8.5</u>
	100.0	100.0
<u>Average bottles per week</u>	<u>4.2 bottles</u>	<u>4.6 bottles</u>
How much coffee do students drink?	(Percent)	(Percent)
None	39.0	60.0
2-3 cups weekly	20.5	13.3
4-5 cups weekly	1.3	0.0
1 cup daily	31.5	24.0
2-3 cups daily	7.7	1.2
5 cups daily	<u>---</u>	<u>1.2</u>
	100.0	100.0
<u>Average cups per week</u>	<u>4.1 cups</u>	<u>2.6 cups</u>
How much milk do students drink?	(Percent)	(Percent)
None	3.8	7.3
1 glass weekly	1.3	<u>---</u>
2-3 glasses weekly	11.5	2.4
4-5 glasses weekly	3.8	<u>---</u>
1 glass daily	25.7	30.1
2-5 glasses daily	47.6	60.2
8-10 glasses daily	3.8	<u>---</u>
1 quart daily	<u>2.5</u>	<u>---</u>
	100.0	100.0
<u>Average glasses per day</u>	<u>2.4 glasses</u>	<u>2.1 glasses</u>

regular school medical examinations on file in the school office.

The instruments used for the evaluation were a health inventory built around the 11 health education objectives recommended by the State of Tennessee<sup>3</sup> and certain teacher questionnaires.

The high spots of strength of the year's work seemed to lie in areas of: (1) dental hygiene, understanding, and attitudes; (2) increased understanding of prevention of communicable diseases and acceptance of immunization; (3) satisfactory interest in first aid and safety education; (4) personal hygiene; and (5) community health.

The weak spots were many, but most apparent were: (1) dental health (the problem decreasing but still considerable); (2) nutritional health; (3) marriage and family relations; (4) acceptance of personal responsibility as to total health.

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<sup>3</sup> Tennessee Department of Education and Tennessee Department of Public Health, loc. cit.



## CHAPTER VII

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary and Conclusions

The purpose of this study was to analyze the results of the attempt of the writer to develop a program of health education and services in Clinton High School to fit the needs of the health students.

The desirability of such a study had become apparent by analyzing existent conditions. Some of the more obvious weaknesses when the new program was begun were: (1) lack of students' understanding of the objectives of health education; (2) variable amounts and types of health instruction given in the different feeder schools; and (3) increased percentage of students needing dental corrections in September, 1951, as compared with those entering health classes in previous years.

The major purpose of the health education improvement project was to find ways of correcting these and other weaknesses.

Increased interest in the health education program on the part of the Parent-Teacher Association and the Business and Professional Women's Club made an evaluation desirable. A reorganized health department opened up new services and resources to the High School.

Comparison of the health status of the health class students at the opening of the 1951-52 teaching year with the health education accomplishments of the health class students at the close of the 1951-52 teaching year was used as a suggestive evaluation of the effectiveness of the health education course.

For determination of the health status of the students in September, 1951, the following instruments were used: (1) a survey of the background of the students, including the feeder schools from which prior health instruction was received; (2) a canvass of the available health resources; (3) the school medical examinations made in April, 1951 (from which were isolated the most acute physical needs); (4) health histories written by the students; and (5) immediate teacher observations. Combination of the data assembled from these instruments was used to present an estimate of the health status of the students in September, 1951. For comparison with this estimate were used, at the end of the same school year, data from an inventory of health knowledge, status, attitudes, and practices, together with answers to certain teacher questionnaires.

Of the students entering the health classes in the fall of 1951, those having finished the eighth grade in Clinton Grammar School (city operated) showed somewhat better health status than those who came from the county-operated schools. Both groups exhibited the presence of a high percentage of dental caries, the need for an intensive program on dental hygiene, more instruction in oral hygiene, and greater understanding of the importance of regular typhoid immunization and chest X-rays, along with more emphasis on early immunization against whooping cough, diphtheria, and smallpox.

Comparison of the above needs with data tabulated from the health inventory administered in May, 1952, along with teacher questionnaires, seemed to indicate that some progress had been made toward developing a health education program in Clinton High School to fit the needs of the students, with the following areas standing out as substantial gains:

1. Of the students, 53.8 percent said they had dental care during the year; 33.2 percent of the students said they had had all necessary dental corrections made; and 15 percent of the students presented signed statements from recognized dentists to this effect.

2. Chest X-rays were completed 100 percent. One hundred percent of the health students had started typhoid immunizations, and 35 percent had completed the series before the close of school. All of the health students started these immunizations May 7-14, 1952; however, the closing date for the series of these shots having been interrupted, immunizations had to be completed on their own. As of July 23, 1952, 84.8 percent had completed the series.

3. The students appeared to "measure up" reasonably satisfactorily in health knowledge, status, attitudes, and practices covered by the 14 objectives designated in the health inventory, with two exceptions.

The weaknesses in the program appeared to be greater in these areas:

1. There was insufficient discussion of marriage and family relations as shown by the low percentage of students who felt they were ready for marriage and the problems of family life.

2. The eating habits of many students appeared to be detrimental to good health.

#### Recommendations for Program Improvement

This study has been a small effort in the field of health education and the true evaluation can only be made from the life the students live

from here on out. Nevertheless, from some of the relatively obvious findings in the study, the writer makes the following recommendations for immediate improvement of the school program:

1. The development of a more effective dental program through the 12 grades.

2. The development of a coordinated, effective program of overall health education for the 12 grades.

3. A program on marriage and family relationship developed to fit into the health program in a manner compatible with the educational philosophy of the curriculum.

4. The development of a more practical and effective program on nutrition as a part of health education.

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## APPENDICES

## APPENDIX A

### PRIVATE PHYSICIANS IN ANDERSON COUNTY EXCLUSIVE OF OAK RIDGE

<u>Clinton</u>	<u>Telephone</u>	<u>Address</u>
Bishop, Archer W.	351	305 Main Street
Hall, James S.	33	Cullom Street
Smith, E. B.	575	Sanders Building
Sappington, Charles E.		Daugherty Building
<u>Lake City</u>		
Cox, Joe M.	3351	South Main Street
Scott, Robert S.	3401	Scotts Clinic, Main Street
<u>Norris</u>		
McNeeley, Samuel G.	6241	Norris Square
<u>Oliver Springs</u>		
Stone, F. O.	2371	Stone Clinic, Rpame Avenue
Van Hooks, S. V.	2061	Roane Avenue

### PRIVATE DENTISTS IN ANDERSON COUNTY EXCLUSIVE OF OAK RIDGE

<u>Clinton</u>		
Green, Condon L.	385	208 North Main
Hobbs, F. A.	77	Market
Jones, J. E.	551	South Main
Wenk, P. J.	551	Office
<u>Lake City</u>		
Greene, Condon L.	3161	Office
<u>Norris</u>		
Williams, Aaron J.	6141	Norris Square
<u>Oliver Springs</u>		
Foster, E. C.	2391	Roane Avenue



## APPENDIX B

### NURSES (R.N.) IN ANDERSON COUNTY EXCLUSIVE OF OAK RIDGE

#### Clinton

	<u>Telephone</u>	<u>Address</u>
Driskill, Dorothy	6454	605 Bowling Street
Farmer, Rushia J.	463	Route #2
Hays, Annelle C.		
Kincaid, Edyth Mae	1434	510 Eagle Bend Road
Mitchell, Elizabeth G.	575	805 Hendrickson Street
Moore, Thelma A.	4274	Route #4
Paysinger, Marjorie C.	668M	Route #4
Rein, Ruth W.	40R	105 Clearview Street
Smith, Marguerite P.	302	110 Washington Avenue
Stokes, Bess W.	148	297 South Main
Underwood, Nadine S.		Box 111
Wood, Mildred A.	67J	Box 64
Worthington, Louise T.		Route #1
Grubb, Aleen B.	211R	509 Strother Street
Burnette, Edith Nell	403R	716 Medaris Street
Sappington, Mr. Charles E.		

#### Lake City

Burris, Bonnie D.		
Scott, Naome C.	3252	
Wells, Verdia K.	3468	Route #1

#### Norris

Belitz, Stella P.	351	
Davis, Cleda S.	356	46 Dogwood Road
McNeeley, Mrs. S. G.		
Moots, Uel P.		171 Oak Road

#### South Clinton

Doney, Virginia A.	621M	104 Alabama Avenue
Greene, Lois S.	867W	118 Alabama Avenue
Horner, Ella G.	632W	125 Kentucky Avenue

## APPENDIX C

### HEALTH DENTAL HONOR ROLL, 1951-52

#### Blowing Springs

Georgia Shultz

#### Claxton

Edward Beckner  
Wayne Moore

#### Clinton

Deloris Cooper  
Lillian Davis  
Nell Davis  
June Keeney

#### Mt. View

Dale Cos

#### Shinliver

Barbara Brummitt  
Conred Jeffers

#### South Clinton

Deloris Burris  
Rebecca Colquit  
Mary Moneymaker  
Ronald Taylor

#### Sulpher Springs

Howard Farmer

#### Miscellaneous

Ronnie Brown  
Sandy Burton  
Bob Murphy  
G. W. Ridenor, Jr.  
Stella Woods

## APPENDIX D

### WHO IS HEALTH EDUCATED?

Below are listed suggested criteria by which we may to some extent evaluate our efforts in health education. These objectives were modified from a list suggested by Dr. Arthur Steinhaus.<sup>1</sup> They are suggested as achievements for each student graduating from our high schools.

1. a. He is free from all preventable and curable diseases.  
b. He is free from all remedial defects.
2. a. He has been immunized against all preventable diseases.  
b. He appreciates the reasons for and value of such immunity.
3. a. He has his chest x-rayed.  
b. He has had his blood tested for syphilis.  
c. He understands the purpose and meaning of the findings.
4. a. He knows the general signs of onset of various illnesses.  
b. He knows what kind of medical and dental care to seek.  
c. He knows when and where to seek such care.
5. a. He consistently eats a well-spread variety of foods and enjoys doing so.
6. a. He has his weight well under control.  
b. He understands how to change it sanely and safely.
7. a. He has developed posture, strength and endurance sufficient for the maximum demands of his usual day.  
b. He maintains them intelligently.  
c. He knows how to swim.

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<sup>1</sup> Arthur Steinhaus, "The Role of Health Education in Tomorrow's Fitness," Education for Victory, Vol. III, No. 5, September 4, 1944, quoted in Tennessee Department of Education and Tennessee Department of Public Health, A Program of Health Education for Tennessee Schools (Nashville, Tennessee: Tennessee Department of Education, 1948), p. 8.

8. a. He is free from addiction to use of tobacco, alcohol or other drugs.  
b. He enjoys life to the full without resort to synthetics.
9. a. He knows how genuinely to recreate.  
b. He does so consistently and likes it.
10. a. He is free from nervous instabilities and emotional distortions.
11. a. His personality radiates anchorage upon a philosophy of life satisfying to him.
12. a. He is prepared to face the special problems involved in courtship, marriage, reproduction, family life adjustments and changes that will ensue with advancing years.
13. a. He is interested in the health promotion and health protection of all the people.
14. a. He knows the health problems and health facilities of his community.  
b. He gives intelligent consideration and effort toward the solution of these problems and toward the improvement of the health services and facilities in his community.

APPENDIX E

HEALTH INVENTORY<sup>1</sup>

Clinton High School - Clinton, Tenn.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Yrs. Mos.

Part One

1. What do you expect to do when you graduate?
  - a. Go to college? \_\_\_\_\_ Where? \_\_\_\_\_
  - b. Go to business school? \_\_\_\_\_
  - c. Get married? \_\_\_\_\_
  - d. Stay at home? \_\_\_\_\_
  - e. Go to work? \_\_\_\_\_ Where? \_\_\_\_\_
2. Has your school life been reasonably happy?
  - a. In elementary school? \_\_\_\_\_
  - b. In junior high? \_\_\_\_\_
  - c. In senior high? \_\_\_\_\_
3. Has your home life been reasonably happy? \_\_\_\_\_
4. Is your father living? \_\_\_\_\_ Mother living? \_\_\_\_\_ Are  
your parents separated? \_\_\_\_\_
5. What are the greatest satisfactions you have gotten from your school  
life?
6. Do you think the schools are meeting the needs of boys and girls?  
\_\_\_\_\_
7. What changes and improvements would you like to see made in the schools?  
\_\_\_\_\_

<sup>1</sup> Marilee B. Cavender, "How Well Do Our High School Students Measure Up?" (Paris, Tennessee: Henry County Schools, 1950). (Mimeographed)

8. Check below the school attended:

grade	year	grade	year	grade	year	grade	year
1	_____	3	_____	5	_____	7	_____
2	_____	4	_____	6	_____	8	_____

9. Check below the grades in which you attended the Clinton High School:

Grade	Year	Grade	Year
9	_____	11	_____
10	_____	12	_____

10. Indicate below the number of semesters you have studied each of the following subjects:

Civics	_____	Home Economics	_____	Physical Educ.	_____
General Science	_____	Chemistry	_____	Health Educ.	_____
Biology	_____	Social Sciences	_____		

11. What particular information do you wish you could have obtained in school that you have not received?

### Part Two

1. a. Check the following conditions that may apply to you:

acne (pimples) \_\_\_\_; athlete's foot \_\_\_\_; decayed teeth \_\_\_\_;  
 "bad" or diseased tonsils \_\_\_\_; limited vision \_\_\_\_; hernia \_\_\_\_;  
 underweight \_\_\_\_; overweight \_\_\_\_; limited hearing \_\_\_\_; ear or  
 throat trouble \_\_\_\_; fatigue or frequent tired feeling \_\_\_\_;  
 anemia \_\_\_\_; frequent headaches \_\_\_\_; backache \_\_\_\_; side-ache  
 \_\_\_\_; indigestion \_\_\_\_; emotional upset \_\_\_\_; persistent worry  
 \_\_\_\_; asthma \_\_\_\_; skin rash \_\_\_\_; other allergies \_\_\_\_.

b. Do you suspect that you may have:

tuberculosis \_\_\_\_; heart disease \_\_\_\_; syphilis \_\_\_\_; gonorrhea \_\_\_\_; appendicitis \_\_\_\_; stomach ulcer \_\_\_\_; kidney disease \_\_\_\_?

c. Which of the following diseases have you had?

diphtheria \_\_\_\_; typhoid fever \_\_\_\_; whooping cough \_\_\_\_.

d. Have you ever had a serious accident? \_\_\_\_ Explain:

What operations have you had?

2. Check below and give approximate dates for the following immunizations you have had?

Diphtheria	_____	Date	_____
Typhoid	_____	Date	_____
Tetanus	_____	Date	_____
Whooping cough	_____	Date	_____

3. a. Have you had a tuberculin test? \_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Result? \_\_\_\_\_

b. Have you had your chest x-rayed? \_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Result? \_\_\_\_\_

c. Have you had a Wasserman test? \_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Result? \_\_\_\_\_

4. a. What are the general symptoms or signs of onset of the following diseases?

measles \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

scarlet fever \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

mumps \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

whooping cough \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

rheumatic fever \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

tuberculosis \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

cancer \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

appendicitis \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

b. Do you have a family doctor? \_\_\_\_\_ What is his name? \_\_\_\_\_

c. When did you last visit the dentist? \_\_\_\_\_

d. How often do you go? \_\_\_\_\_

e. Which of the characteristics below do you consider important in choosing a doctor?

(1) Holds a state license \_\_\_\_\_

(2) Lives in the neighborhood \_\_\_\_\_

(3) Holds a diploma from a recognized medical school \_\_\_\_\_

(4) Charges reasonable fees \_\_\_\_\_

(5) Belongs to the local medical society \_\_\_\_\_

(6) Has an up-town office \_\_\_\_\_

f. If you moved to a strange city, how would you proceed to locate a good doctor?

g. Do you know the difference between a chiropractor and an osteopath? \_\_\_\_\_ Between an optometrist and an ophthalmologist? \_\_\_\_\_.

h. Do you think you know how and where to seek good medical care for yourself or your family? \_\_\_\_\_

5. a. List below the foods you like:

b. List below the foods you do not like:

c. Name the 7 basic foods we should try to include in our diet:



1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_
- d. Do you eat three well-balanced meals each day? \_\_\_\_\_
- e. Do you suffer from constipation or irregular bowel elimination?  
\_\_\_\_\_
6. a. Give your height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Your weight: \_\_\_\_\_ lbs.
- b. Do you need to gain? \_\_\_\_\_ To lose? \_\_\_\_\_
- c. Do you know how to gain or lose weight safely? \_\_\_\_\_
7. a. How would you rate your posture? Good \_\_\_\_\_; Fair \_\_\_\_\_; Poor \_\_\_\_\_.
- b. Do you try to maintain good posture? \_\_\_\_\_
- c. Does the ordinary day's work tire you? \_\_\_\_\_
- d. Do you think you have the strength and endurance of the average boy or girl your age? \_\_\_\_\_
- e. Do you over-tax your strength or endurance? \_\_\_\_\_
- f. Are you trying to improve your general physical ability? \_\_\_\_\_
- g. Can you swim? \_\_\_\_\_ How far? \_\_\_\_\_
8. a. Do you smoke? Frequently \_\_\_\_\_; Occasionally \_\_\_\_\_; Never \_\_\_\_\_.
- b. Do you drink coffee? Frequently \_\_\_\_\_; Occasionally \_\_\_\_\_; Never \_\_\_\_\_.
- c. Do you drink coca colas? Frequently \_\_\_\_\_; Occasionally \_\_\_\_\_; Never \_\_\_\_\_.
- d. Do you drink beer? Frequently \_\_\_\_\_; Occasionally \_\_\_\_\_; Never \_\_\_\_\_.
- e. Do you drink whiskey, gin, or other alcoholic beverages?  
Frequently \_\_\_\_\_; Occasionally \_\_\_\_\_; Never \_\_\_\_\_.

- f. Do you take aspirin? \_\_\_\_\_; baking soda \_\_\_\_\_; tonics? \_\_\_\_\_; vitamins? \_\_\_\_\_.
9. a. Do you take physical education? \_\_\_\_\_
- b. Do you like it? \_\_\_\_\_
- c. Which of these sports do you participate in and enjoy?
- |          |       |            |       |             |       |
|----------|-------|------------|-------|-------------|-------|
| tennis   | _____ | basketball | _____ | skating     | _____ |
| golf     | _____ | football   | _____ | name others | _____ |
| swimming | _____ | hiking     | _____ |             | _____ |
| baseball | _____ | camping    | _____ |             | _____ |
- d. Do you get sufficient daily exercise? \_\_\_\_\_
10. a. Are you happy? \_\_\_\_\_ Unhappy? \_\_\_\_\_
- b. Do you think people like you? \_\_\_\_\_
- c. Do you like people? \_\_\_\_\_
- d. Do you prefer a few friends? \_\_\_\_\_ or many friends? \_\_\_\_\_
- e. Are you at ease with girls your own age? \_\_\_\_\_ With boys your age? \_\_\_\_\_ With adults? \_\_\_\_\_
- f. Do you prefer to be alone? \_\_\_\_\_ Or with others? \_\_\_\_\_
- g. Do you usually sleep as much as eight hours each night? \_\_\_\_\_
- h. Do you awaken refreshed and eager for the day's events? \_\_\_\_\_
11. a. Do you go to Sunday School regularly? \_\_\_\_\_
- b. Do you go to Church regularly? \_\_\_\_\_
- c. Do you believe "things happen for the best"? \_\_\_\_\_
- d. Are you able to control your emotions in moments of anger, fear, or disappointment? \_\_\_\_\_
- e. When things go wrong, are you inclined to blame yourself? \_\_\_\_\_
- Or someone else? \_\_\_\_\_

- f. Do you really believe in and are you willing to accept and abide by the decisions of the majority? \_\_\_\_\_
12. a. Do you feel that you are prepared to accept the responsibilities of citizenship? \_\_\_\_\_
- b. Do you feel that you are prepared to face the special problems involved in courtship? \_\_\_\_\_; marriage? \_\_\_\_\_; child care? \_\_\_\_\_; reproduction? \_\_\_\_\_; family life? \_\_\_\_\_
- c. What traits and characteristics do you think are most important to consider in choosing a wife or husband?
- d. To what extent are you influenced by the actions and opinions of others regarding:
- (1) Your future plans? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (2) Your choice of friends? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (3) Your attitude toward your school work? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (4) Your social behavior? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (5) Personal habits (smoking, etc.)? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (6) Choice of clothes? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.
- (7) Your choice of entertainment? greatly \_\_\_\_\_; slightly \_\_\_\_\_; not at all \_\_\_\_\_.

e. Do you think you are capable of making your own decisions regarding the above?

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

f. Do you think your parents are interested in you? \_\_\_\_\_ Do you think they are doing their best to help you succeed? \_\_\_\_\_

g. In the event of disaster or distress, to whom would you go?

Mother \_\_\_\_\_; father \_\_\_\_\_; sister \_\_\_\_\_; brother \_\_\_\_\_; girl friend \_\_\_\_\_; boy friend \_\_\_\_\_; minister \_\_\_\_\_; teacher \_\_\_\_\_; name any other person \_\_\_\_\_.

13. a. Can you give the names of the people who at present occupy the following positions?

(1) State Commissioner of Health \_\_\_\_\_

(2) Clinton Water Commissioner \_\_\_\_\_

(3) Director of Anderson County Health Department \_\_\_\_\_

b. Give the addresses or approximate locations of:

(1) The State Health Dept. \_\_\_\_\_

(2) Anderson County Health Dept. \_\_\_\_\_

c. Name and locate nearest hospitals:

<u>Name</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

14. a. What do you think are the ten leading causes of death in Tennessee:

- |           |            |
|-----------|------------|
| (1) _____ | (6) _____  |
| (2) _____ | (7) _____  |
| (3) _____ | (8) _____  |
| (4) _____ | (9) _____  |
| (5) _____ | (10) _____ |

b. What do you think are Clinton's leading health problems:

APPENDIX F

CLINTON HIGH SCHOOL--HEALTH HISTORY

Name of pupil \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of birth \_\_\_\_\_ place \_\_\_\_\_

School last attended \_\_\_\_\_

Name of parent \_\_\_\_\_ Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Health of parents: Present \_\_\_\_\_ Past \_\_\_\_\_

Name any serious diseases which have occurred in your family or among any of your near relatives, such as tuberculosis, insanity, epilepsy, diabetes and heart disease. \_\_\_\_\_

Number of brothers and sisters living \_\_\_\_\_ Condition of health \_\_\_\_\_

If any dead give cause of death \_\_\_\_\_

Have you enjoyed good health in the past? \_\_\_\_\_

Check any of the following diseases you may have had and state when:

Tonsillitis _____	Scarlet fever _____	Ear trouble _____	Mumps _____
Rheumatism _____	Whooping cough _____	Pneumonia _____	Measles _____
Heart trouble _____	Nervous disease _____	Hay fever _____	Sinusitis _____
Diphtheria _____	Scarlet fever _____	Other allergic conditions _____	

Have you completely recovered? \_\_\_\_\_

If not, state illness persisting \_\_\_\_\_

What injuries or operations have you had? \_\_\_\_\_ Give date \_\_\_\_\_

Have you completely recovered? \_\_\_\_\_

What is the condition of your health at present? \_\_\_\_\_

Have you any tendencies to ill health? \_\_\_\_\_

Do you have any trouble with your eyes? \_\_\_\_\_

Do you have any headaches? \_\_\_\_\_ Time of day \_\_\_\_\_

What ear trouble have you had? \_\_\_\_\_ Is your hearing normal? \_\_\_\_\_

Have you any difficulty breathing through your nose? \_\_\_\_\_

Are you subject to attacks of sore throat? \_\_\_\_\_

Are you troubled with many colds \_\_\_\_\_ Have you a cough? \_\_\_\_\_

Do you have shortness of breath on moderate exertion? \_\_\_\_\_

Have you lost weight during the past year? \_\_\_\_\_

Date of last successful vaccination (smallpox) \_\_\_\_\_

Other inoculations or immunizations \_\_\_\_\_

How much exercise do you take every day? \_\_\_\_\_ What kind? \_\_\_\_\_

How much time out-of-doors daily? \_\_\_\_\_ What is your fav. rec. \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ Average number of hours \_\_\_\_\_

Do you sleep alone? \_\_\_\_\_ Bedroom windows open? \_\_\_\_\_

How much time spent at meals? \_\_\_\_\_ Condition of appetite \_\_\_\_\_

How often do you visit a dentist? \_\_\_\_\_ Date of last visit? \_\_\_\_\_

How often do your bowels move? \_\_\_\_\_ Are you troubled with constipation? \_\_\_\_\_

How often do you bathe? \_\_\_\_\_

Are you subject to worries? \_\_\_\_\_

Average time spent in home study daily \_\_\_\_\_

Time spent in other home work \_\_\_\_\_

Time in work outside the home \_\_\_\_\_

Time spent in club work and similar activities outside the school \_\_\_\_\_

Time spent in social activities \_\_\_\_\_

Name and address of family physician \_\_\_\_\_

Other important facts \_\_\_\_\_

# HEALTH RECORD

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

Color

Sex

Address

Father's Name

Address

Mother's Name

Date of Birth

Birth Record Number

Birthplace

Family  
Physician

Attendant  
at Delivery

**SUPPLEMENTAL FACTS**  
 History, Habits, or Other Clinical Record and Past School Record

**IMMUNITY STATUS**

Diphtheria  
Date

Smallpox  
Date

Typhoid  
Date

**OTHER TESTS**

Date

Type

Result

Disease

Date

Disease

Date

Injury-Operation

Date

Date

Notes on Clinical, Conference, and Field Visits ( List the Name of Worker, )  
 Furnishing Date

Date

Teacher's Notes ( Taken from Classsroom Worksheet or Data )  
 Furnished by Other Worker by Name

Absence Due to Colds, Sore Throat, Headaches, Hygiene, Etc.



NAME \_\_\_\_\_  
LAST FIRST MIDDLE

#2  
 Follow-up Every Case Where Code Symbol  
 Indicates Handicapping Defects.

#3  
 Classify Children for Teaching Purpose According to  
 Recommendations as Listed for Code Symbols.

School Principal's Information for Codes at Bottom of This Page

Grade									Voc. Rehabilitation	
Date of Examination										
Nutrition	/		/		/		/		/	
Skin	/		/		/		/		/	
Lymph Nodes	/		/		/		/		/	
Thyroid	/		/		/		/		/	
Eyes	/		/		/		/		/	
Ears	/		/		/		/		/	
Nose	/		/		/		/		/	
Teeth Caries	/		/		/		/		/	
Oral Hygiene	/		/		/		/		/	
Tonsils	/		/		/		/		/	
Heart	/		/		/		/		/	
Lungs	/		/		/		/		/	
Abdomen	/		/		/		/		/	
Vision	/		/		/		/		/	
Hearing	/		/		/		/		/	
Speech	/		/		/		/		/	
Cleft Palate-Lip	/		/		/		/		/	
Cerebral Palsy	/		/		/		/		/	
Orthopedic	/		/		/		/		/	
Posture	/		/		/		/		/	
Parent Present										
Examiner										
Age										
Weight										
Height										

Code for Doctor — #1

O—Satisfactory      X—Needing Attention  
 OO—Correction      1-2-3—Slightly, Moderately or Markedly

#2 — Condition

O—Normal      I—Improved  
 D—Defect      OO—Corrected  
 T—Treatment      X—Needing Attention

Codes for Teacher

#3 — Placement

R—Regular Class      H—Hospitalized  
 S—Special Class      B—Homebound  
 L—Limited Program      S. T.—Special Transportation  
 R. R.—Refer for Rehabilitation